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JANUARY, 1939

A Greeting for the New Year
GRACE M. FAIRLEY

Current Events and Trends in Nursing
MARY M. ROBERTS

The Management of the Sick Child
M. F. BUCHANAN

Collection and Preservation of Breast Milk
CAROLINE V. BARRETT *and* ISLAY L. HISCOX

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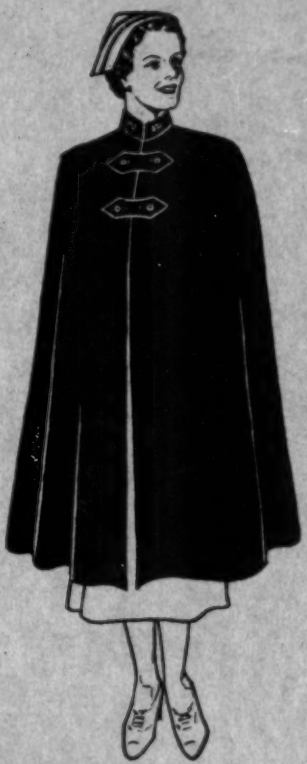

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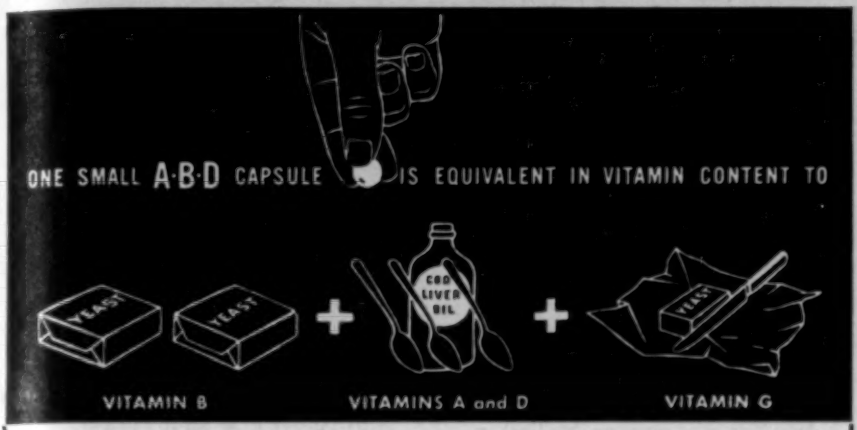

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VOLUME THIRTY-FIVE — NUMBER ONE

JANUARY, 1939

1939!

A Greeting for the New Year

GRACE M. FAIRLEY

President, The Canadian Nurses Association

The New Year—what does it hold for us? Many were rather grateful to see the curtain fall on 1938. It had been a difficult year in so many ways, but as ever, we look towards the rising sun of 1939 with so much hope and the sincere prayer that it may bring to our Dominion, to us, and to all who are dear to us, Peace and Joy.

Just such a message am I privileged to bring to you from the executive committee of the Canadian Nurses Association, which met in Vancouver early in December. Never in the history of our Association, (not even in those dark days of 1914) have we, as members of a great professional family, been drawn more closely together than in these last weeks of the Old Year.

At this very time, it might be well for us to remember once more, the exhortation of the President of the International Council of Nurses —"Nursing is a Profession and a Service." By renewing our pledge of support to our Provincial and National Associations, we shall make sure that our contribution as individuals to our profession and to the communitiy will truly be one of Service.

Most sincerely do I hope and pray that the New Year will hold great happiness for all our members and for the staff at Headquarters who have so faithfully worked in our interest during the past year.

Current Events and Trends in Nursing

MARY M. ROBERTS

Editor, The American Journal of Nursing

At a recent meeting of the Wisconsin State Nurses Association, Mary M. Roberts, editor of "The American Journal of Nursing," delivered an address which made a profound impression on her audience. In it, she quoted freely from an article by Dr. H. B. Atlee, entitled "The Future of Nursing" which appeared in the September issue of "The Canadian Nurse." No one who heard Dr. Atlee deliver this challenging address at the Biennial Meeting of the Canadian Nurses Association is likely to forget it, and even in cold print, Miss Roberts discovered its searching and provocative quality. Miss Roberts has kindly allowed us to publish those parts of her address which are of special interest to Canadian readers. The full text will appear in the January, 1939, issue of "The American Journal of Nursing."

The trends and events of today are the results of past experience as well as of varying conceptions of both present and future needs.

Nursing is young as a profession. Like all youth it has been through the experience of feeling its way, of experimenting, of trying out standards and then, perhaps, abandoning them for something better. It may have been the outward signs of this period of adolescence which called forth the comment once heard that nursing is unstable and nurses seem like children playing at big business.

To attempt to bear the responsibility of "big business" is not a reproach. To compare nursing to big business is not to demean nursing. Big business provides a livelihood for thousands of people and other thousands are dependent upon it for safety, comfort, and health. So it is with nursing. To guide the destiny of nursing and of nurses *is* a big business. Is the organized nursing profession so inept, so unstable, that it cannot guide its own destiny? I do not think so, but I do believe that we need to give more serious thought to the formulation of our service programs, to the choice of wise and courageous leaders, and to the development of methods of measuring our progress. We need to encourage ourselves by a just evaluation of our achievements and then to keep going in the right direction.

Three factors in our fairly recent past seem to me to have been of outstanding importance in their influence on the present and future development of nursing.

1. At one time schools of nursing came close to wrecking the whole purpose of nursing education. In our efforts to secure classrooms, teaching equipment, and personnel qualified to use them, teaching of the nursing arts for a time was in danger of becoming completely divorced from the best of all possible places to teach and to learn those arts, that is, at the bedside and in the environment of the patient.

2. It is now some time since public health nursing finally emerged from that long period during which considerably more emphasis was placed upon *public health* than upon *nursing*.

3. Private duty nurses who co-operate with the professional registries have stopped demanding that—regardless of temperament, professional preparation, or interest—a nurse should invariably receive the first call when her name reaches the top of the list. In other words, they have ceased to demand the right to make robots of themselves, because they prefer being professional nurses.

It sounds rather as if we had safely passed through the diseases of our professional childhood, doesn't it? Those three things are now embedded in our history. They made possible what is, in my mind, the outstandingly obvious trend of today, that is, the impressive and increasing amount of bedside nursing care which is being given by graduate nurses. This, in turn, has led to a really fundamental emphasis on nursing care and on sound preparation for it, which makes *nursing* stand out by itself.

It is a most encouraging sign of professional health that nurses are more deeply concerned with methods of giving nursing care than ever before. Amidst all the distractions of the social revolution through which we are passing, there is the central soul-satisfying fact that above all else nurses are profoundly concerned about how patients can best be nursed, and how all who need it can have nursing service. It follows that they are also concerned with how nurses can secure preparation for giving a finer type of nursing care than has ever before been possible.

The rapidity with which the volume of nursing service given by graduate nurses is increasing is so striking that last April the American Journal of Nursing devoted a special supplement to bedside nursing. The astonishing growth of graduate staff nursing in hospitals—for the number so employed is far beyond the number of graduate nurses in the entire field of public health nursing—is there most graphically portrayed.

It is a matter of regret that it was not then, nor is it now, possible to estimate the amount of bedside care given by public health nurses. We do know, however, that one of the most notable trends in the whole field of public health nursing is that toward giving more actual nursing service by the official agencies. This is the result of what Dr. Parran, Surgeon General of the United States Public Health Service, calls "getting back to the middle of the road by combining the concrete and the educational functions of a nurse in one valuable person."

"Most groups of workers have their world created for them, the professional worker creates his own world". This arresting statement was made by a speaker at the recent Biennial Meeting of the Canadian Nurses Association. If Dr. Atlee's statement, broadly interpreted, is correct, has nursing any claim to the term "profession"? Nursing has often been described as ancillary to medicine and, in a recent study of the activities of philanthropic foundations, we find nursing schools grouped with other "quasi higher-educational undertakings".

It is not indicated that graduate staff nurses yet play any real part in "creating their own world", professionally speaking. Is this equally true of other major professional groups? In elucidating his phrase "creating its own world", Dr. Atlee pointed out that the workman in the factory creates, or helps to create, only what a higher authority has decided shall be created. Using the physician as an example of the professional person, Dr. Atlee pointed out that in caring for each patient the physician creates a programme designed for that one individual. We may ask, "Does not the true nurse do that also"? Articles

like the recent "Case Study or Nursing Care Study" are pointing the way.

I know of no substantial body of evidence which will make a very good case at the present time for the whole body of practitioners of nursing as professional workers who "create their own worlds". This is equally true, I believe, in private duty and in graduate staff nursing, whether it be institutional or public health nursing. Happily, we do all know individuals who are exceptions to that statement. Registrars know of many instances where the programme of *nursing* care proved to be the key to the patient's recovery. Probably most of us have known of cases when the doctor has said to the nurse, "See what *you* can do". Perhaps the situation of nursing in relation to the ability of the nurse to create her own world is on the brink of change, if the trends I am about to point out are genuinely significant.

A hopeful sign of increasing maturity, call it a trend if you will, is our persistent search for facts. Let us trace the results of some of the findings of the Grading Committee. Ten years ago we were told in no uncertain terms of the extremely uneven distribution of nursing service. That was true of institutions. It was true of communities. As the Grading Committee progressed in its work it stated and restated in every conceivable way that the country needed better preparation for a wider distribution of nursing service. What influence have the findings of the Grading Committee and the still earlier Winslow-Goldmark report had on the programmes of these organizations?

1. As we all know, the National League of Nursing Education delayed revision of the curriculum until the Grading Committee studies were completed. It has produced the Curriculum Guide and an invaluable set of manuals for use in connection with it. The Guide suggests a curriculum which is basic to all types of nursing and is providing for experimentation and so for professional growth. The current study of fifty schools, which is expected to provide the basis for a national accreditation programme, is definitely a follow-up on the work of the Grading Committee.

2. Three national organizations have attacked the problem of distribution through two joint committees. The first was the Committee on Distribution of Nursing Service, which had various subcommittees. Among these was that on hourly nursing. But there has been no appreciable development of that type of service. Nor is there any traceable result of the work of the Subcommittee on Rural Nursing.

3. The American Nurses Association, for several years, has devoted a considerable part of its budget to studies of professional registries and to giving assistance to them. It has encouraged and assisted with statewide and other studies of the distribution of nursing service made under the auspices of state nurses associations or units of them.

4. The National Organization for Public Health Nursing received more requests for surveys by staff members in the first five months of 1937 than in all of the preceding year and the trend continues upward.

It would be pleasant to record some progress toward the development of new methods of distributing nursing service. The success of the group hospitalization plans is highly suggestive but no announcement has yet been made of nursing services financed through insurance or pre-payment, other than the well-known ones of the insurance companies themselves.

We may well ask ourselves, has nursing been too ready to wait for other groups to do the planning? Do we tend to let the world about us cut the patterns for our services? If we leave too much of the shaping of nursing service to others, can we hope to attain

a decent degree of professional independence? The time has come for dynamic leadership.

An exceedingly important sign of the times—or trend—may be found in the attitude of the various national organizations, medical, health, and nursing, toward each other. The National Organization for Public Health Nursing has long had highly co-operative relationships with the health organizations, as such. But the trend given first place in this discussion—a new emphasis on bedside nursing care as fundamental to all nursing—is bringing about new relationships which will be of the greatest importance to nursing.

Out of these relationships, I venture to predict, will come stimuli which, if we are sensitively and wisely responsive to them, will carry us forward on the road of truly professional development. Abundant opportunity will be provided for demonstrations of nursing as an entity in itself, a service which cannot be duplicated by any other group. This is the very heart of the problem. Armed with a thoroughly sound and substantial body of knowledge which is demonstrably the basis for skilled and flexible nursing service, nursing will lose its fears of the inroads of social service on public health nursing, and of the encroachment of the subsidiary worker on the fields of the institutional and private duty groups. Knowledge will cast out fear and free the energies of nurses for service which no one else can give.

There are many trends in nursing but I have endeavoured to point out only four and these because I believe they have significance for the whole profession. These are:

1. The importance of bedside nursing is not merely numerical or quantitative. There is a new emphasis on quality which affects every branch of the profession.

2. It is essential that, through further study and original researches in our own field, our knowledge and our nursing methods be kept abreast of the demands upon nursing as a profession. Doctors and sanitarians may define what they want of nurses, but nurses should be secure in the knowledge that they, and they alone, know how to build plans for nursing care, whether for an individual or for a community. As Dr. Atlee, whom I have already quoted, puts it, "It is my urging that you make for yourselves within medicine the same sort of world that architects have made within engineering". This trend can be demonstrated but it has not yet the force of a really powerful current.

3. We now know that programmes must be based on ascertainable facts rather than opinions. We have made some studies—the trend is in the right direction—but not enough. For example: We have not yet found a way to estimate the number of nurses who should be graduated each year. If we could make more precise estimates of the number of nurses needed each year, and in each of the principal fields of nursing, might we not be more successful in securing funds for the education of nurses to meet demonstrable community needs?

4. We have not yet given our registries and placement services sufficient support and prestige for them to attract as large a number of competent counsellors and registrars as we need if we are seriously concerned, as we must be, to improve the distribution of nursing service by providing wise guidance for graduate nurses.

5. Co-operation between national organizations and between these and various governmental units can be effective only if based on mutual respect. Co-operation between state and local units or organizations likewise is based on mutual respect and understanding. Here is the ringing challenge of our times.

The trends of which I have spoken all point the way toward a type of professional development which should place nursing, in its service and in its planning for the distribution of that

service, on a par with all the other professions which have a part in providing medical care and in protecting and maintaining the health of our people. Note the term "other professions". Nursing must become a profession in the true sense of the word. This demands the educational discipline that is the fundamental characteristic of a profession. Do these trends point toward a too difficult future? I think not. The burden of leadership, as in any important movement, will fall on a relatively small number of people in each group. The encouraging thing, and it should be enormously encouraging to us all, is that in nursing we are pulling together as never before. If we continue to do that, there can be no doubt that we shall attain new levels of social usefulness.

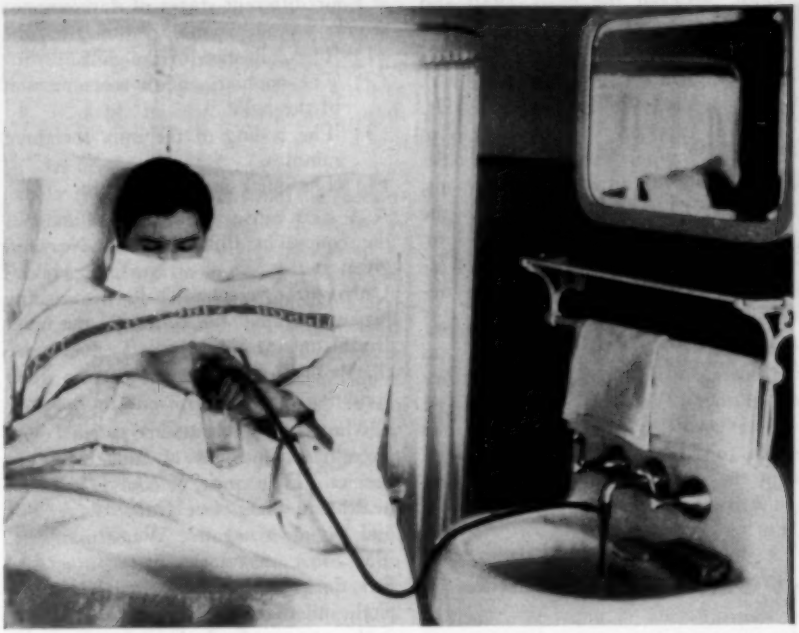
A Gift—and a Challenge!

It is officially announced that the Rockefeller Foundation has given the generous sum of two hundred and fifty thousand dollars as an endowment fund for the School of Nursing of the University of Toronto. This munificent gift makes possible many new developments in nursing education in Canada and, in the February issue of the *Journal*, these will be discussed at length. At the moment of going to press, all that can be done is to indicate the profound satisfaction with which this good news will surely be received by Canadian nurses.

The gifts of the Foundation are never made lightly and it is only after careful analysis of the project concerned that they are made at all. In this instance, the Foundation has evidently come to the conclusion that the essentials to success are already available. A great University and its medical school, some of the best hospitals in the whole Dominion, excellent public health and visiting nursing services — all are here and all are now in full co-operation with the School. Furthermore, dynamic leadership of an exceptionally high order is assured. The Director of the School, Kathleen Russell, is herself the fortunate possessor of an original and penetrating mind and she has gathered about her a staff which is worthy of the new enterprise.

But even when all these encouraging factors have been given their full value the challenge still remains. The Foundation has the right to expect that we shall show our appreciation of this unique opportunity by accepting our full share of responsibility for its ultimate fulfilment. We now have, in Canada, everything that is necessary for the establishment of an independent School of Nursing which may serve as an inspiration and a pattern for the whole world. Let us have the courage to accept the challenge which this gift brings with it and thus prove ourselves worthy of our high destiny.

E. J.



The Collection and Preservation of Breast Milk

CAROLINE V. BARRETT, REG. N., and
ISLAY L. HISCOX, REG. N.

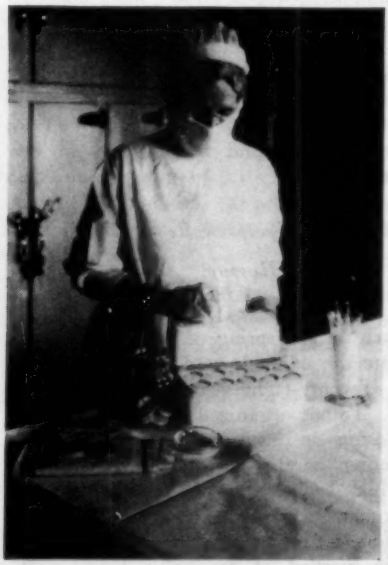
Supervisor and Assistant Supervisor (respectively)
Royal Victoria Montreal Maternity Hospital

The great importance of breast milk in the feeding of premature infants has always been recognized at the Royal Victoria Montreal Maternity Hospital, and to this end for several years, wet nurses were employed, although this practice did not always prove satisfactory. The need of having on hand, at all times, a fresh supply of human milk, and the difficulty of adjusting the fluctuation of supply and demand, led us early in the spring of 1936 to investigate the methods used in Boston.

Twenty-eight years ago, Dr. Fritz B. Talbot organized and developed in Boston an institution which to-day is known as the Directory for Mother's Milk, Inc. Under the auspices of this organization a miniature dairy with all modern appliances is operated, and here the method of preserving breast milk by the quick-freezing process was de-

veloped, between the years 1930 and 1932, by Dr. Washington Platt and Dr. H. Schibsted of the Borden Research Laboratory, Syracuse, N. Y. This process was clinically tested by Dr. Paul W. Emerson, of Boston. Up to the present time, twelve other cities have developed similar organizations, two of which are in Canada namely the Hospital for Sick Children in Toronto, and the Royal Victoria Montreal Maternity Hospital, the latter being described in this article.

A brief period of observation was first spent in Boston at the Directory for Mother's Milk where we received a most cordial welcome and, on our return to Montreal, we proceeded to adapt the methods employed in Boston to suit the situation existing in our own Clinic.



Watching the Wafers Freeze

Four different stages of development require consideration:

(1) The collection of the milk.
(2) The pooling and homogenization of the milk.
(3) The boiling of the milk for three minutes.
(4) The quick-freezing process.

A staff nurse, who is a graduate of the course in Public Health Nursing, given at the School of Nursing, McGill University, is responsible for visiting the patient each day and collecting the milk. By this means it is possible to make sure that both mother and baby are in good condition.

Many of our clients are patients who have had a surplus of milk while in hospital. They must, of course, be clean healthy mothers, free from tuberculosis and having a negative Wasserman test. The nurse makes the first contact before the patient is discharged from hospital, and the next day visits the patient in her home, lends her the necessary equipment and instructs her in the technique of collecting and saving her milk. Sterile containers are left daily for each pumping and water-power pumps are used similar to that shown in the accompanying illustration. These women are paid five cents an ounce, and this monetary help has been of great value, to them, especially to those who are on relief.

Attractive posters have been prepared and are prominently displayed in our wards and pre-natal clinics; these posters are designed to draw attention to the importance of the work and to make an appeal to women who have a surplus of milk to help the frail premature infants who are in need of this special nourishment.

The milk is brought to the Hospital and is taken to the milk-room, where it is received and dealt with by the Assistant Supervisor. After being pooled,

strained, homogenized and boiled for three minutes, the milk is put up in individual bottles, labelled with the infant's name and sent to the ward where it is kept in the refrigerator until needed.

In case there is a surplus over and above the daily requirements, the remaining milk is subjected to the quick-freezing process which may be described as follows: Two rectangular plates of aluminum are placed on a block of dry-ice, ten inches square by three inches deep; these plates or freezing moulds have small depressions, each having a capacity of one-fifth of an ounce. When the plates are first put in position they vibrate for a few minutes, this vibration being caused by the chilling of the metal, associated with the escape of carbon dioxide gas from the dry-ice. The depressions are then filled with milk and a third rectangular plate, which has also been covered with a block of dry-ice, is placed on top and in about two minutes a clicking noise is heard which indicates that the milk is frozen. The frozen wafers are then transferred to a sterile preserving jar by means of the sterile silver spoons. Eight ounces are kept in each jar and these jars are stored in special Frigidaire Cabinets (built by General Motors) at a temperature of 15 degrees below zero.

The reader will find the illustrations helpful in explaining the nature of the apparatus as well as the actual procedure. In the first picture the nurse, wearing a mask, gown, and sterile thick cotton gloves, has just filled the depressions with milk by means of a syringe. In the second picture, she is transferring the frozen wafers to the container. Thick cotton gloves are necessary to protect the hands from the "burn" which would result from handling the extremely cold dry-ice.

It has been proven that milk frozen in this manner undergoes very little change in composition and can be kept indefinitely. Dr. Walter Eddy, of Columbia University states that the vitamin content is not lost. Recently, we had the pleasure of a visit from Dr. Eddy himself at which time he inspected the milkroom and gave us some valuable advice.

Transferring Wafers to Sterile Jar

A sample of milk from each new client, and samples of the pooled and frozen milk are forwarded periodically to the Laboratory of the Eastern Dairies Ltd. for bacteriological examination. If any specimen shows a high bacteriological count, the nurse scrutinizes the way in which the woman is handling her milk and another specimen is sent to the laboratory; if the count still remains high she is dismissed and no more milk is bought from her.

We have collected data concerning all the premature infants who have been born in this hospital over a period of four years, and find that there is an appreciable drop in the death rate. Many factors have doubtless contributed to this reduction of mortality but we would like to emphasize the following:

1. Improved technique and nursing care.

2. The supply of breast milk which has been made so readily available.

We usually have on hand a reserve of 1,000 ounces, a supply which enables us to look after the premature infants in the hospital and, if necessary, others who for various reasons may be unable to procure this very precious essential to human life. The accompanying chart serves as an indication of the scope and possibilities of such a service.

The following list of references may prove useful to nurses who wish to study the subject more intensively:

The Preservation of Human Milk (a preliminary note on the freezing process) by Dr. Paul W. Emerson and Dr. Washington Platt. This is a reprint from *The Journal of Pediatrics*, April, 1933, p. 472.

Maternal Milk Collection, by Hazel M. Keane, Assistant to the General Director, The Directory for Mother's Milk Inc., Boston, Mass.

Standard for Directories for Mother's Milk, by Cornelia H. MacPherson, R.N., Director, The Directory for Mother's Milk, Inc., Boston.

A Maternal Milk Laboratory, by Carl H. Laws, M.D., and Esther G. Skelley, R.N., *The American Journal of Nursing*, August, 1938.

Preserving Maternal Milk, by Carl H. Laws, M.D., and Esther G. Skelley, R.N., *The American Journal of Nursing*, September, 1938.

This venture has cost both money and effort, but already the results have abundantly justified the undertaking. In conclusion, we should like to thank the many people who have helped us plan, organize and establish our "Dairy", and it is with pleasure that we mention the following:

Lady Meredith, and the Auxiliary Board of Governors of the Royal Victoria Montreal Maternity Hospital, who have so generously sponsored the undertaking.

Miss Cornelia MacPherson, Director, The Directory for Mother's Milk, Inc., Boston, Mass., who has always been ready with advice and suggestions.

To Mr. W. R. Aird, president of Eastern Dairies, Ltd., and A. R. M. MacLean, Ph.D., technical director of the same organization, we owe a special debt of gratitude for their ever-ready help, co-operation and encouragement.

Year	*Milk collected*	*Milk given free of charge*	*Milk sold*	*Milk frozen*
1936 (9 months).....	10,198 ozs.	7,758 ozs.	2,131 ozs.	710 ozs.
1937 (12 months).....	17,201 ozs.	12,212 ozs.	4,411 ozs.	1,945 ozs.
1938 (10 months).....	17,887 ozs.	12,722 ozs.	3,153 ozs.	1,080 ozs.
TOTAL:.....	45,286 ozs.	32,692 ozs.	9,695 ozs.	3,735 ozs.
	or 283 gallons	or 204.3 gallons	or 60.6 gallons	or 23.3 gallons

THE EDITOR'S DESK

The New Year

As we cross the threshold of the New Year we may well look back with satisfaction upon the one which has just come to an end. In many ways, 1938 was kind to us. The most outstanding event was the Biennial Meeting of the Canadian Nurses Association which was not only a huge success in itself but also brought into prominence some of the younger nurses whose capacity for leadership guarantees the continued advancement of nursing in Canada.

Substantial progress was made in the educational field due primarily to the courageous effort which is being made in schools for nurses to carry out, in terms of action, the recommendations of the Proposed Curriculum.

It is heartening to note the growing bond between the universities and nursing. During the past year, three of our leading Canadian universities conferred high academic rank upon women whom we ourselves have delighted to honour. Thanks to the tact and patience of the women who direct departments of nursing within universities, the authorities now have a sympathetic understanding of the aims of nursing education. Their imagination has been touched by the eagerness of the students who enrol for the various refresher courses, even when attendance involves sacrifice in terms of both time and money.

There can be no doubt that in the field of public health in Canada, nurses are coming into their own. At a recent informal conference, a Deputy Minister of Health from one of the Western provinces said: "If I had fifty thousand dollars to spend and could allocate it according to my own wishes, I would spend it all on employing more public health nurses". This statement, which was manifestly sincere, is a real tribute to the public health nurses of the Province in question.

In the hospital, the nursing staff still holds pride of place. Every year, the demands made upon our intelligence and skill become more exacting but, so far, we have been able to rise to the level of our opportunities.

Although the field of private duty has thorny problems awaiting solution, there are some features of the situation which are very encouraging. There is more unity in the ranks of the private duty nurses than ever before and the stimulating effect of enlightened leadership is beginning to make itself felt.

In these troubled times we do not know what a day, much less a year, may bring forth. Nevertheless, we face the challenge which 1939 brings to every one of us with courage and with hope.

Made in Canada

This is the first number of the thirty-fifth volume of *The Canadian Nurse* and, in a subsequent issue, more will be said about the attainment of this important milestone. The thirty-fifth volume begins with a typically Canadian landscape, photographed with exquisite artistry by a Canadian nurse, Lillian A. Wooding, a staff member of the Victorian Order of Nurses for Canada. Opposite to it is the New Year's message of the President of the Canadian Nurses Association. The leading article, although written by the editor of *The American Journal of Nursing*, drew some of its inspiration from Canadian sources. All other articles (and they are good ones) are written by Canadian nurses. To put it simply — *The Canadian Nurse* is made in Canada.

The Student Nurse in the Out-Patients Department

A. Elizabeth Watson

Teaching Supervisor, Out-Patients Department, Toronto General Hospital

In the natural order of things, all professions have a dual nature — a blending of the practical with the theoretical. In the course of time the various sciences, that form the basis of all correct and skilful practice, explore new fields and discover new laws. Naturally these must be mastered to form a sound foundation for their successful application. Indeed the very technique of the practical side itself is constantly changing and advancing. While these facts are particularly true in the medical world, they are equally applicable in the closely allied profession of nursing. Hence the great importance of sound and proper teaching at the very outset as an infallible basis for successful scientific nursing.

No department of the hospital offers greater opportunity in this respect than does the out-patients' department where the most valuable teaching material is being constantly afforded. To begin with, a general hospital large enough to boast of an out-patients' department, is one that invariably has a training school for nurses. Naturally then, the student nurse will spend some of her training in this department. At this point, a very pertinent question confronts us: are we as teaching supervisors taking advantage of every opportunity by effective teaching methods to ensure that she leaves the department with a broader outlook, a more thorough understanding and a surer grasp of her work, as the result of her month's experience?

There are two methods of approach from the teaching standpoint: (1) rotation within the service; (2) facilities for organized teaching and seminars within the department. However, a preliminary step must be taken when the student nurse is first assigned to the department. A complete tour should be made. We must always keep in mind that the out-patients' department is different from anything that the student has had heretofore in her training. The general plan is placed before her, the individual clinics pointed out and the daily routine explained. As a result, her orientation and complete adjustment will not only be quicker, but in the end more satisfactory both to herself and those with whom she is working.

Let us now examine the first method of teaching — that of rotation. The out-patients' department, whether large or small, is composed of numerous clinics, all offering varied clinical material. Rotation within the department must be employed if the student is to benefit by the varied field presented. In this way, she will become familiar with the routine of the individual clinics, the set-up of the various clinics, the treatment given and the reasons for such. While the benefits to be derived from the rotation method are obviously great, they are not adequate in themselves to meet the situation as a whole.

To overcome this difficulty, the teaching programme may be pursued along different lines. This leads us to our second method of approach, that of providing facilities for organized instruction. For this purpose, a definite time should be set aside each day, and a teaching programme organized and effectively carried out. To this end, the seminar system is admirably adapted. These informal groups have many advantages. They lack the severity of the

lecture room, and yet offer ample opportunity to the supervisor to give systematic and thorough instruction in a carefully prepared syllabus of work. Part of each period is thrown open for discussion. This allows not only for student activity, but gives the students an opportunity to voice their own opinions, ask questions and discuss problems from different angles. The net results of this type of instruction must be highly beneficial not only as a means of acquiring valuable information, but also of developing the student's tact and self-confidence.

In these classes, the supervisor may deal with different phases of the work. One of the most important is the purpose of the out-patients' department in the student nurse's training. Emphasis is placed on the fact that she is here for a definite purpose; that this month's experience should broaden her knowledge from a theoretical as well as a practical standpoint; that she will have an opportunity to observe a wide field of varied clinical material; that it gives her an insight into the work of the Public Health Department — the preventive aspect of medicine being stressed, rather than the curative. It enables her to get a completed picture of the patient. Until she comes to the out-patients' deparment, she may only have associated the patient as part of a hospital bed-unit but once here, she is able to classify him as an active member of the community and she becomes aware of the influence the patient's mode of living has had on his present mental and physical health.

As the month goes on, the lectures are somewhat varied in their content. One or two lectures may be devoted to the importance of the nurse-patient relationship, her attitude to the patients as a whole, their reception to clinic, and the problem of attempting to handle satisfactorily different personalities in different settings. The relation of the out-patients' department to the community may be discussed; its obligations and limitations as well as what it has to offer in the way of an ideal health centre. This brings the teaching program to one of our most important topics, that of health teaching. The student nurse has an excellent opportunity to carry out this particular phase of her work. In class, the teaching supervisor may make it easier for the student by discussing how health teaching may be done. In her lecture material, she will stress certain principles that must be adhered to: for instance as to the methods (a) by example (b) verbally. She will show that definite factors must be taken into consideration — such as the patient's intelligence; his present living conditions; employment, if any; recreational tendencies, etc.

Pursuing the question of health teaching still further, another problem presents itself that must be solved. Many patients are dependent only on themselves or on other members of the family for carrying out at home prescribed form of treatment. At this point, the responsibility falls on the nurse. It is she who must outline clear, simple and direct instructions. The student nurse, under supervision, will derive much that will be of use to her in her future work, if she is made to handle the situation.

The topic of home nursing is then the next phase in the teaching program to be discussed. Instruction is given at class as to how a nurse may meet certain situations apart from a hospital setting; how to supplement satisfactorily hospital equipment with what is on hand in a home; how to meet medical and surgical emergencies in a community away from the hospital ward where everything to work with is at one's finger tips.

Before the month's experience for the student draws to a close, a period is set aside for active discussion. This has

a mutual benefit, being often as helpful to the supervisor as it is enlightening to the students. These students should be made to feel perfectly free to voice their opinions quite frankly and to relate what they have gained or have not gained in the past few weeks.

Bringing the teaching programme to a more concrete basis, it is organized as follows: The student nurse usually spends four weeks in the out-patients' department. For example, it may be arranged that there are five classes held weekly. The length of each class is from one-half to three-quarters of an hour. This gives at a minimum, two and a half hours a week for classroom instruction alone, which totals ten hours in the month — quite sufficient to cover the necessary material.

It is true that every hospital presents a different picture and varies to a certain degree in its daily routine with the result that the teaching programme would be altered accordingly. However, that is a factor of minor importance, the significant point being that in a department such as this, one should take advantage of every opportunity, and organize the teaching programme in such a manner that the student nurse will leave the department at the end of her term with something of permanent value in her mind.

APPOINTMENTS

Miss Dora Parry has been appointed as superintendent of nurses at the Children's Memorial Hospital, Montreal. She is a graduate of the School of Nursing of that institution and, in addition, has taken the course in hospital administration at the McGill University School of Nursing. Miss Parry has served successively as operating room nurse and as assistant superintendent and is therefore thoroughly conversant with the needs of the Hospital. The news of her appointment was enthusiastically received by her co-workers and all members of the hospital staff.

Miss Hilda Nuttall, who has been appointed Miss Parry's assistant, is also a graduate of the Children's Memorial Hospital and a member of the Class of 1927. After her graduation Miss Nuttall did special duty nursing for a time, then returned to the nursing staff of the hospital as ward supervisor and later as medical teaching supervisor.

Miss Dorothy Riddell has been appointed instructress of nurses in the School of Nursing of the McKellar General Hospital, Fort William. She is a graduate of the School of Nursing of the Toronto General Hospital and was awarded a scholarship which enabled her to take the course in administration and teaching offered by the University of Toronto School of Nursing. Subsequently she served as head nurse in the surgical division of the Toronto General Hospital and also had the advantage of studying methods of teaching and supervision in England and on the Continent.

Miss Eugenie Stuart, a graduate of the School of Nursing of the Toronto General Hospital and one of the Canadian nurses who went to South Africa early in 1938 under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association to the Groote Schuur Hospital, Cape Town, has been appointed Sister Tutor in the Kimberly Hospital, Cape Province. Miss Stuart commenced her new duties on December 1.

The Management of the Sick Child in the Hospital

M. F. Buchanan
Assistant Instructor, Hospital for Sick Children, Toronto

Let us begin by looking at three children who are being admitted to the hospital. One of them is seriously ill, and the other two, coming in for some surgical procedure, are comparatively well. All three are away from home for the first time and are accompanied by one or both parents. First, let us take the sick child, who is probably extremely apathetic and too ill to pay much attention to his surroundings. His parents are frantic with grief over his illness and are in terror of the huge unfriendly building in which they must leave him. The nurse's manner as she enters the room—the correct amount of interest and sympathy—swift, sure, gentle hands and an understanding smile will do much to allay the fears of both the child and his parents.

Now let us look at the other two children. The first is a small boy who, not being an emergency case, has been waiting some time in the average busy admitting room. During this time he has, undoubtedly, done a bit of investigating and he may or may not have found the place to his liking. The attitude of his parents will also have had an effect. They may be intelligent and sensible, pointing out various things to the child and explaining to him what he is going to have done to him. The nurse who prepares this child for the ward has an easy task and if she is worthy of the title of nurse, he should be even more content when he is introduced to the ward. Perhaps he is full of questions for her to answer, perhaps he wants her to listen to his tales about his adventures at home, but in any event the little boy will probably say a rather rueful goodbye to his understanding parents and go forth to his new adventure with confidence.

Now we turn to our next patient, another small boy but a different problem and a much more difficult one. Upon the appearance of the nurse he commences to scream, clings to his parents and resists all efforts to be taken away. From their attitude the nurse may gain some knowledge of what is causing his temper tantrum. If the mother coaxes and bribes and looks helplessly at the nurse though proclaiming with a touch of pride in her voice that "Johnny is such a bad boy—I always have this trouble with him!" the observant nurse realizes that she has to deal with a thoroughly indulged little boy. To ignore the tantrum completely and pursue her duties calmly will give the somewhat surprised Johnny his first touch of discipline.

On the other hand, if the nurse finds the parents slapping and threatening the child with the unpleasant things which "they" will do to him in the hospital, she knows that here, also, she has a difficult problem. For this child is a terrified little thing. In spite of their lack of intelligence they *are* his parents, his whole little world and he does not want to leave them for this frightening place. She must use all her ingenuity to capture his confidence and it is easier to reassure him while she works with him

alone than when his mother stands over him and alternately threatens and bribes. The nurse must be alert and resourceful in picking up the slightest show of interest and working from that, drawing the child out and making him feel that she is a real friend. Frequently a child in a temper tantrum is a combination of both, rather than either of the pure types we have outlined. In managing him the nurse would necessarily combine her task of reassurance with a firm but kindly discipline.

Now let us take our children to the ward. They are told by the nurse in the admitting room that they are going to a ward with other children and they say good-bye to their new friends and are taken away by another nurse. Probably the very sick child will pay little attention to his journey, but the comfortable bed and kind, deft hands will increase his sense of security. The nurse cannot play with him. Her object is not to make him laugh but to make him content. The next child will be interested in his trip up to the ward, but the nurse should understand that he is trying hard to be brave about leaving his parents and she should by some means let him know that she understands, and thus encourage him. When they arrive, the ward seems a bewildering place and he has to be put to bed. The nurse should not feel that her moral obligation is over. How little time it takes to hand the little newcomer a toy or a book and to introduce him to his neighbours. We forget sometimes that children are very shy and even the fact that he knows his neighbour's name makes him feel less lonely.

With the other child, the one who is screaming either through bad temper or fear, the nurse must be kindly but firm, trying to gain the child's confidence but by no means giving in to him, and allowing him to realize that tactics which were successful at home have no part in the routine of hospital life. This child, too, should be introduced to his neighbours. He may pay no attention, but it is probable that he will remember their names and he will feel subconsciously that he has some friends to whom he can turn for comfort.

In the daily routine of the ward the first thing in the morning is breakfast. Some will greet this occasion eagerly. Others will refuse to eat, or toy with their food. The nurse must try to understand what lies behind this behaviour. It may be homesickness—the child likes his own table, his own dishes, his own family—but a little understanding and an attempt to turn his interest to something else may make him forget and he eats without thinking much about it. Again, perhaps the food is not like that to which the child is accustomed at home. No nurse should ever try to force a child to eat something which she knows is contrary to all his racial and religious prejudices. If he eats it, it is because he is frightened and, therefore he is all the more an easy prey to qualms of conscience and a great worry may be set up in his little mind, a feeling of terror that he has transgressed some law very important to him.

For the child who won't eat because he is indulged and wants attention, a little persuasion is necessary, but if he finds that not much attention is paid to him and his tray is taken away and does not reappear until next meal-time he will soon learn that to be one of the others he must be like the others. In very few cases will a little hunger be dangerous, and the realization that it is a consequence of his own action will be another lesson in discipline to the small boy.

Now comes bath-time and rarely do we have trouble here, for most children enjoy their bath. The child, to his de-

light, has a nurse all to himself for a few minutes and this is the time for her to become better acquainted with him. She should never be guilty of bathing a child in silence or of chatting with a colleague at the next bed. The child may shyly volunteer his confidence—the nurse may find many things which are worrying him and help to set them straight. He may like to play a game—the nurse can play certain games quite well while going steadily on with her work. "I spy" is a splendid one and the bath becomes a welcome occasion. It is at this time that she may teach the child much which will be of value to him all his life. Habits of cleanliness may not have played a very important part in his existence heretofore, but he may learn from a wise nurse what a fascinating game it is to keep clean and healthy and useful.

After this come the medicines and the dressings, and it is here we find most of our difficulties. No nurse should ever be guilty of lying to a child. If the medicine has a nasty taste, it has a nasty taste! But the prospect of a nice cold drink of water or milk,—not offered as a bribe, but as a natural measure to make things as pleasant as possible for the child makes it easier to take—medicines which are hard to swallow, such as capsules, and tablets, may be broken up and dissolved. But the child should never be deceived. If there is castor oil in the orange juice he should be told about it. Otherwise he not only loses his taste for the orange juice, but also loses his taste for the nurse who deceived him and a distrust is born in him of his entire surroundings. Each individual case must be treated differently. Some children will take longer than others, but the important thing is to make the child understand that the medicine is not a punishment but is necessary to aid in speeding his recovery. The same thing applies to dressings. They must be done, painful as they are. Sometimes no matter how brave a child is, little hands will involuntarily try to thrust the nurse away and so it is sometimes necessary to have another nurse to assist, but never should it be "to hold the child down". Rather it should be someone to whom the child may cling for support with the knowledge that it will soon be over and that everyone is being as kind as possible.

Sometimes the terrifying thought of an impending operation must be realized. Here, also, we must not deceive the child, or we shall have a struggling, terrified little creature in the operating room, becoming conscious again in a ward where he feels he has no friends whom he can trust. One other point with regard to maintaining the child's trust—we must never deceive him, but on the other hand we must never alarm him unnecessarily. A nurse who talks to someone about the child's condition in his presence may do him great harm. He does not understand the long words she is using and may misconstrue completely some harmless remark and be tortured by suspense until someone accidentally discovers what is distressing him. And we must not allow this practice to lapse because we think the child is unconscious. He may be more conscious than we realize. In one case, a child who was supposedly in a deep coma later told his parents that he had heard the doctors and nurses talking and although he had not been able to speak had been terrified for fear they would think he was dead and that he would be buried alive.

The nurse looking after the sick child must acquire special skill in noting symptoms, for the child cannot detect and report, as an adult will, every change in feeling. She must anticipate the wants, physical and mental, of

which the child is hardly aware himself. She must be sensitive to the feelings which he is unable to describe, and must allay his fears and suspicions. No rules can be laid down for this, but its importance in the care of the sick child cannot be over-emphasized. *The nurse must nurse the child—not the disease.* The patient is an individual, a growing, impressionable child, a human being, not just a physical body, but also a mental and emotional being. All these elements are closely related and react on each other instantly and it is here that many nurses fail. They talk when they should be silent and are overtalkative when the patient would appreciate a little quiet understanding.

No matter how ingenious and tactful the nurse may be, we occasionally find a "troublemaker" on the ward—a child to whom no ordinary methods will apply. Despite all the efforts he continues to be naughty himself and will soon manage to upset an otherwise happy ward. Discipline must be used and the method which is usually most effective is isolation. When the child is isolated he is made to understand quite clearly that it is not just a punishment, but that because he does not seem to enjoy being with the other children and because in his present mood other children certainly do not enjoy being with him, it is better for him to be alone.

During the day, the children should be kept well occupied. There is occupational therapy or perhaps the child can help the nurse a little. Children love to help. Clean little hands can fold towels or surgical supplies to be sterilized and the thought that they are doing something to help the nurse gives them a sense of responsibility and makes them feel that they are part of the ward. Then we have the play theory, the value of which we are realizing more and more. Group play is of great value in maintaining a ward spirit and in making the hospital life as nearly like a normal child's day as possible.

A child may be seriously harmed by an unpleasant experience in a hospital. This may influence his entire attitude toward doctors, nurses, hospitals, and healthy practices in general. It is also possible that a child who spends many months in the hospital may develop an "invalid reaction". However, by keeping his daily routine as close as possible to that of a normal child and by adding responsibilities as he is prepared physically and mentally to take them, we should be able to send home a happy contented child, ready to take his former place in the family circle—with the added interest of bringing to his family his newfound knowledge.

Choosing a Dress

MARGARET E. ORR

Superintendent, Montreal Unit, Shriners' Hospitals

Little girls (and big ones too!) who have to stay in hospitals for awhile do not lose their feminine interest in dress. The problem is to design hospital garments which will resist the effects of frequent laundering and may be delivered fresh and crisp to the expectant but somewhat critical wearers. No matter how attractive the dress looks when it leaves the laundry its charm is lost if it arrives in the ward all flattened out in a laundry basket, so in order to solve this transportation problem the author of this article designed the portable dress rack which is here illustrated.

This rack is made of galvanized iron piping half an inch in diameter and is mounted on a steel base equipped with casters. The dresses are placed on hangers and the rack is wheeled past each cubicle so that each young lady may pick and choose to her heart's content. When a choice has been made, the dresses she has selected are considered to be her special property for the period of her hospitalization. Patients occupying isolation cubicles are of course not permitted to handle the garments at all.

The arrival of the rack each morning, bearing its colourful load of dresses, adds a decorative note to the ward, and never fails to create a mild sensation. The psychological effects on individual patients are often beneficial. Louise, a six-year old French-Canadian child, had spent many weary months in bed, suffering from tuberculosis of the hip, complicated by discharging sinuses. While the sinuses showed signs of healing, her general condition remained unchanged and although she had often watched the dress-rack as it passed, she never seemed interested. However, news of a visit from her mother aroused her enthusiasm, and she asked if she might choose a dress, so the rack stopped at her cubicle for the first time. When her mother arrived she found Louise smiling happily, proudly wearing a bright red dress. Her mother's visit and the novelty of wearing a pretty dress combined to start her on the road to recovery, and her improvement since then has been continuous.

Which is the prettiest?

The rack was made by the engineering staff of the Hospital. The materials cost $8.66 and the labour cost is estimated at $3.00 thus keeping the whole expense at less than twelve dollars. For the benefit of those who would like to have a similar rack, its component parts are listed as follows:

14 feet ½ inch galvanized iron piping

Two ½-inch elbows
Two ½-inch tees
Two ½-inch floor flanges
Two pr. ball-bearing casters
Two ½-inch closed nipples
Two sheets of iron plate 2½ ins. x 14 ins.
Aluminum paint

A replica of this dress rack was exhibited at the Gadget Exhibit of the annual convention of the American Hospital Association in Dallas, Texas, in September, 1938, and attracted considerable attention.

The First Chapter

On Wednesday, November 30, the third graduation exercises of the University of Toronto School of Nursing were held in Convocation Hall. Present on the platform with the President of the University, Dr. H. J. Cody, and Miss Kathleen Russell, Director of the School, were Sir Joseph Flavelle, Mr. Norman Sommerville, K.C., Chairman of the Canadian Red Cross Society, Miss Florence Emory, and Miss N. D. Fidler.

In her report of the activities of the School, Miss Russell pointed out that the School carries on two distinct pieces of work called respectively the graduate and the undergraduate courses and defined them as follows:

There does not appear to be any other nursing school in Canada that is doing exactly this same thing, so probably it is the unusualness of the situation that confuses the observer. The graduate courses in themselves are familiar enough now to be understood quite readily but it is the undergraduate course about which there is still a considerable lack of understanding. This is a basic professional training course that qualifies young pupil nurses for registration, so the School, in order to conduct this work, must be approved as a school of nursing in the strict sense of the term and operate under the Nurse Registration Act of the Province of Ontario, and comply with all the conditions thereof.

But why was this done? Why add one more to the many nursing schools already in existence in Ontario? The answer is that this new school was organized in order to train public health nurses. Hitherto no registered nursing school in the Province was doing this. Nurses could prepare for this work only through taking post-graduate courses, that is, in a piecemeal fashion which often lacked thoroughness and which was never economical. This school was formed and the undergraduate course started in order to provide a direct training for public health work with the hope of making this training more thorough and more economical than the former methods had permitted it to be.

Looking backward over the years since our first work in this University began in 1920 we think of the period from 1920 to 1933 (when graduate students were being taught although there was no formal school as we have it today) as the introductory period of the School's history. The students of those years wrote the introduction to the story and they wrote it with a fervour and interest that gave the keynote to the whole. Now the new School has been in existence for five years, and we would confirm unhesitatingly the statement that it takes five years merely to start a new school. The students who are carrying away their diplomas today from the undergraduate course had been enrolled for one whole year before the first class had finished its training, in other words before the School had blazed even its first trail. This is the third class. Thus we may feel that the training

of this one, together with the training of the first two classes already graduated, covers the first chapter of the School's history. Today we write the last brief paragraph of this chapter. The pages are filled with many things, grave and gay, fortunate and unfortunate, while failures and successes, mistakes and progress alternate to make easy or difficult reading as the case may be. Tomorrow the page is turned over, and chapter two begins. It should be a period of quiet growth, less dramatic than the first two (we hope) but none the less important.

Mr. Norman Sommerville, K.C., Chairman of the Canadian Red Cross Society, spoke most appreciatively of the contribution made by nurses in the promotion of public health. Excerpts from his address are quoted as follows:

As the knowledge of preventive medicine has grown, the role of the nurse originally confined to the care of the sick has gradually changed and she has become to be recognized in all lands as an indispensable factor in the education of the public in the simple laws of healthy living. It is natural that this service should steadily expand, since the crusade for sound health is the most rational of all human efforts for the well being of man. For sound health is the great and final need of the human race. This latter activity has been of rapid recent growth. Just eighteen years ago, as a member of the Canadian Red Cross Council, seeking to develop the health programme of the Society, we discovered to our great surprise that there did not exist a single place in Canada to which a graduate nurse could go to take a course in public health nursing —not one—just eighteen years ago. The Red Cross therefore established the course of public health nursing in certain universities in Canada, paid the entire cost for two years, and at the end of that time its value has been so well recognized that it became part of the regular curriculum of five great universities in Canada. Since 1920 about 1800 public health nurses have graduated from these universities in Canada. Of these at least 850 have graduated from your own School of Nursing, which since 1933 has provided its unique three-year course within the University itself.

In the promotion of health and the attack upon disease, the public health nurses today represent in all parts of the world the first shock battalion. I know whereof I speak—in some fifty communities on the fringes of civilization in Canada—away out there on the frontiers there is a noble band of wonderful women, rendering ever increasing service to a needy humanity under the flag of the Red Cross. Our Red Cross Outposts, besides ministering to the sick are truly serving their communities as the centres of preventive medicine. Clinics for expectant mothers, health teaching in the homes, instruction of school children, introduction of immunization, education in health matters of all kinds is the duty of our Outpost Hospital nurses.

By analogy may I suggest that our hospitals in the more settled parts of Canada should be the centres of health education for their communities. They should be allied, and intimately allied, with the officers of Health Departments. They should not feel that their task is done when they have cared for the sick. They should be satisfied with nothing less than the serving as a Health Education Centre for the cities and towns in which they are established—bureaus of health information, schools of health teaching, clinics of health instruction, the source of that general knowledge in health practice which is so abundantly needed.

The socialization of medicine is making great strides. Whether in the form of state medicine or in the form of socialized agencies of a local character the movement for providing health and nursing services for the people is one of the most pressing problems in the world of medicine today. In that process the public health nurse performs a most important function, for while the doctor may provide the inspiration the nurse is the medium both of health education and of preventive medicine.

The names of the six students who received diplomas in general nursing and in public health nursing are: Dorothy Boyd, Ruth Hindmarsh, Ruth Kent, Phyllis Kitchen, Hope Linton, and Frances Smith. Miss Emory, assistant director, presented forty-three

graduates students to the President for the awarding of certificates in public health nursing. Of this number one was from Puerto Rico, two from Panama, and two from Mexico. Miss N. D. Fidler presented twenty-six students to the President for the awarding of certificates for successful completion of the course in hospital staff nursing. Miss Carmen Gomez of Mexico, was awarded a certificate for successful completion of advanced studies in the Nursing School.

Conveying the greetings of the University to those who had received diplomas and certificates, Dr. Cody reminded his hearers that the purpose of university study was not alone the acquisition of self-culture, but that scholarship and culture must be allied to service and given tangible expression in daily living.

Following the exercises a reception was held at the School. Miss Russell was assisted in receiving the guests by the President and Mrs. Cody.

D. M. P.

ADMINISTRATORS TALK IT OVER

Women who have chosen hospital administration as their special field need all the inspiration and help they can get and those who attended the recent Refresher Course given under the auspices of the School of Nursing of the University of Toronto certainly did not seek in vain. The course extended over a full week and was attended by nurses holding administrative positions, most of whom came from the more distant part of Ontario. The schedule of lectures covered a wide field including the legal, financial, physical and scientific aspects of hospital administration. Visits of observation were paid to the Toronto General Hospital, the Toronto Western Hospital, and St. Michael's Hospital. In addition to other lecturers who dealt with topics in which they are authorities, three outstanding nurse administrators each made a notable contribution. These were Miss Anne Wright, superintendent of the St. Catharine's General Hospital, Miss E. M. McKee, superintendent of the Brantford General Hospital and Miss Harriet Meiklejohn, superintendent of the Women's College Hospital, Toronto.

REFRESHER COURSE IN OBSTETRICAL NURSING

A refresher course in obstetrical nursing will take place under the auspices of the School of Nursing of the University of Toronto from January 23 to 28 inclusive. While this course has been organized at the request of the Ontario Red Cross Society for the benefit of nurses who are on duty in the Red Cross Outpost Hospitals it is also open to registered nurses in general.

The course will consist of lectures, demonstrations, observation of clinic procedures, and round table conferences. The principal lecturers will be Dr. W. A. Scott, Professor of Obstetrics and Gynaecology, University of Toronto; Dr. H. B. Van Wyck, Assistant Professor of Obstetrics and Gynaecology, University of Toronto; Dr. Alan Brown, Professor of Paediatrics, University of Toronto.

The classes will be held at the School of Nursing, 7 Queen's Park. The Victorian Order of Nurses and the following hospitals are also participating: St. Michael's Hospital, The Toronto General Hospital, The Women's College Hospital, and The Toronto Western Hospital.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

NATIONAL ENROLMENT

The members of the Provincial Associations of Registered Nurses will soon be renewing their annual membership when it is anticipated each nurse will be given the opportunity of pledging herself for any emergency service which may arise. The pledge is made by enrolling under the Plan for National Enrolment of Nurses for Emergency Service which is administered jointly by the Canadian Nurses Association and the Canadian Red Cross Society. The Plan has the endorsation of the Director General of Medical Services at Ottawa.

To promote the Enrolment Plan there is a National Joint Committee consisting of representatives of the Canadian Nurses Association and the Canadian Red Cross Society, with a corresponding committee in each province. The eligibility of nurses to enrol is determined by (a) Registration in any province of Canada and (b) Recommendation by the executive of the Provincial Nurses Association of the province in which the nurse holds membership.

The following classifications of nurses who enrol were adopted in 1934:

Class A: Nurses enrolled for war and disaster.

Class B: Nurses enrolled for war only.

Class C: Nurses enrolled for disaster only.

Class D: Reserves including nurses over the age of 45.

It was agreed that the maximum number in classes A, B, and C should not exceed 3000 while those in Class D might be additional to this number.

Recently issued "King's Orders and Regulations" include amendments to the qualifications of nurses who, from time to time, may be appointed to the Royal Canadian Army Medical Corps. The qualifications of nurses require that a Nursing Sister appointed to the Permanent Force (R.C.A.M.C.) must be a British subject; physically fit for military service; under thirty years of age; unmarried or a widow without children; *a graduate of a school of nursing approved by the Canadian Nurses Association and registered in a Provincial Registered Nurses Association.* Qualifications of Nursing Sisters for appointment to the Non-Permanent Force (R.C.A.M.C.) are the same except that the age limit is forty-five years.

The fact that Canada has been exceedingly free from the widespread epidemics and devasting disasters as experienced by other countries is no assurance that this country will continue in so fortunate a position. It is not within the power of the nurses of Canada to stem or turn the tide of disaster in whatever form it might come to the nation, however, the availability of an adequate nursing service for any emergency is the responsibility of organized nursing. To a great extent the meeting of that responsibility depends upon the individual nurse and her response to sup-

port the Plan of National Enrolment for Emergency Service. ENROL THROUGH YOUR PROVINCIAL ASSOCIATION.

The National Joint Committee for the Enrolment of Nurses for Emergency Service, 1938-1940, held its first meeting on November 18, 1938, at the National Headquarters of the Canadian Red Cross Society in Toronto. All members of the Committee were present: Mrs. H. P. Plumptre, Miss Jean E. Browne and Dr. J. T. Phair, representing the Canadian Red Cross Society; Misses Isabel McEwen, Edna Howey and Irene Weirs, representing the Canadian Nurses Association. Mrs. H. P. Plumptre was appointed Chairman of the Committee and Miss Edna Howey, Secretary.

The Committee went on record in expressing its deep appreciation of the services of the late Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society, who for ten years acted as Secretary of the Committee. The members of the Committee also recorded their sense of loss to the work in Dr. Biggar's death.

The difficulty of maintaining lists of enrolled nurses arising when nurses move from one province to another or to the United States but continue to maintain registration in Canada was discussed. In connection with enrolled nurses living in Canada, the opinion of the Committee is that a nurse should enrol in the province in which she is domiciled. An interim period of one year might be allowed in which she could remain enrolled in the province where she previously lived, in which case her address in that province would have to be retained for that period. With regard to enrolled nurses living outside Canada, their names should be kept on a separate list, with a notation added stating the province in which they are registered.

The following letter from the Director General of Medical Services was presented to the Committee:

"The lists appropriate to the various Military Districts have been transmitted to the District Medical Officers for information. It is considered the arrangement whereby additional copies of these lists are provided will facilitate attention to the offers of service, should need arise, and the continuation of the arrangement will be much appreciated."

The Director General of Medical Services asked for the lists of enrolled nurses in quadruplicate from Ontario, in triplicate from Quebec, and in duplicate from the other provinces in order that a copy might be sent to each Military District. This request has been met by the Committee and the same practice will be followed in future.

Provincial Associations

The activities of the Provincial Associations of Registered Nurses during the last quarter of 1938 are summarized from reports submitted to the December meeting of the Executive Committee of the Canadian Nurses Association.

The Alberta Association of Registered Nurses is undertaking to develop further the formation of local branches of the Association by reorganization of existing graduate nurses associations and by groups of nurses in areas as yet unorganized. This plan is in keeping with similarly well developed plans in New Brunswick, Nova Scotia and Ontario. At the request of the Canadian Nurses Association, Miss Kathleen Connor has been appointed convener of the arrangements Committee for the General Meeting in 1940. The annual meeting of the

Association is to be held during Easter week in Edmonton.

The Registered Nurses Association of British Columbia initiated a new venture when within recent months a small travelling unit of nurses visited smaller centres for the purpose of disseminating information relative to Provincial and National organization programmes and to give practical lectures and demonstrations of modern nursing technique and methods. A film on "Pneumonia" was loaned by the Provincial Health Department. The travelling unit programme was prepared with the assistance of the Educational Department of The Vancouver General Hospital. The first visit has proved the usefulness of this type of activity and has revealed the desire for refresher courses by nurses who serve in districts remote from the larger centres.

Students from five of the seven schools of nursing in the Province are now enrolled for the recently arranged affiliation with the Provincial Mental Hospital at Essondale. This affiliate course is for a two-month period.

The Manitoba Association of Registered Nurses announces a second Summer School Session (1939) under the aegis of the University of Manitoba. Although this course is designed to follow up the work done during the Summer School Session 1938, with the view ultimately to securing credits toward a diploma, students who wish to enrol in the course for the first time will be eligible. Every effort is being made to secure a lecturing personnel fully aware of the needs of the graduate nurse.

The Registered Nurses Association of Nova Scotia recently launched a campaign in aid of the Florence Nightingale Memorial Fund of the Canadian Nurses Association. The reports of the Survey of Schools of Nursing, which was made early in 1938 by the Provincial Registrar, are being studied by the Nursing Education Section. The loan fund has been utilized by a member who has enrolled for a public health nursing course at a Canadian University.

The Registered Nurses Association of Ontario reported the formation of a second chapter in District No. 8, in Pembroke. During 1938, almost 1200 new members joined the Association, thus bringing the total membership to 4,190, an increase of 500 members during the year. The Administrative Committee Permanent Education Fund has issued loans to members who wished to secure financial assistance in order to obtain further post-graduate education. Miss Gladys Sharpe is convener of a committee appointed by District No. 5 to assist in arranging a Pageant of Nursing in co-operation with the Committee on Local Arrangements for the Congress of the International Hospital Association and the American Hospital Association which is to be held in Toronto in September 1939. On December 1 the Association established a provincial headquarters office in Suite 765, Physicians & Surgeons Building, 86 Bloor Street West, Toronto.

The Registered Nurses Association of Prince Edward Island held its final quarterly meeting on November 9 in Summerside, the educational feature was a paper on diabetes. The first refresher course arranged by the Association was immensely successful. In October, the School of Nursing of the Prince Edward Island Hospital established the eight-hour duty system for student nurses. Two of the Island's three schools of nursing now have the shorter hours in effect.

The annual meeting of the *Association of Registered Nurses of the Province of Quebec* is to be held in Montreal on January 30 and 31, 1939. The programme in detail appears elsewhere in

this issue of the *Journal*. The Nursing Education and Public Health Sections are planning joint refresher courses for early in 1939. The Private Duty Section (French) is studying ways and means of securing an eight-hour day. The Registrants Committee of the Montreal Nursing Service Bureau hopes that the eight-hour day for special nurses in the English speaking hospitals will soon be in operation. A committee to study the question of eight-hour duty for student and graduate nurses has been organized under the joint convenership of Miss F. Munroe and Miss S. Giroux. *The Canadian Nurse* Committee is also organized with joint conveners: Miss K. MacLennan and Miss F. Martineau.

The Saskatchewan Registered Nurses Association, through the Council, has authorized the Registrar to take steps necessary to emphasize the need of each nurse assuming responsibility regarding personal insurance and to bring to the attention of each registrant the availability of government annuities. The Council has approved the preparation of a film including representative scenes from each School in the Province and other pertinent material, which it is felt will be of value when giving talks to high school students and other groups. The School Adviser reported to the Council that definite improvements have taken place in the Schools of Nursing during the past year which include improved living conditions in some, in several, modifications in the number of hours of duty and the attendance of members of the nursing staff at the Summer School Course held in Manitoba.

New Zealand's Centennial

An invitation to Canadian nurses who may be planning to spend some time in New Zealand during next year is presented in the following letter from the Dominion Secretary of the New Zealand Registered Nurses Association:

In 1940, New Zealand will be celebrating its Centenary Year. As there is to be an exhibition in Wellington at that time I expect there will be many people from overseas visiting this country. The New Zealand Registered Nurses Association has decided to hold its Annual General Conference in February of that year in Wellington, and we would be pleased to welcome any of the members of your Association for this event.

I would be grateful if you would submit a list of any intending visiting nurses from your country so that I could forward them invitations and identity cards. This letter may appear rather previous, but it will give the nurses plenty of time if they do think of coming.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Fund have been received as follows:

Alberta:

Private Duty Section, Calgary	$10.00

Nova Scotia:

St. Martha's School of Nursing Antigonish	10.00
A.A., St. Joseph's Hospital, Glace Bay	10.00
Staff and Student Nurses, Aberdeen Hospital, New Glasgow	6.50

British Columbia:

Anonymous donation, Vancouver	$5.00
Graduate Nurses Association, Duncan	10.00
Mater Misericordiae Hospital, Rossland	5.00
Overseas Nursing Sisters, Victoria ..	3.00
St. Joseph's Hospital, Comox	2.00
St. Mary's Hospital, New Westminster	5.00
Student Council, General Hospital, Vancouver	40.00
Women's Auxiliary, Creston Hospital, Creston	5.00

A GREETING FROM OUR INTERNATIONAL PRESIDENT

A letter has been addressed by the President of the International Council of Nurses, Miss Effie J. Taylor, to the Presidents of all the National Associations of Nurses which are in affiliation with that Council.

In this letter, the President refers to the troubled times in which we live and expresses the hope that the International Council of Nurses may be of the greatest possible help to its members in every part of the world. She closes by saying:

"I want to send you my kind regards and my most affectionate greetings, and wish for your country and National Organizations with reference to each individual member, a happy, peaceful and successful New Year".

A.R.N.P.Q. ANNUAL MEETING

The annual meeting of the Association of Registered Nurses of the Province of Quebec will take place on January 30 and 31 inclusive, at the Mount Royal Hotel, Montreal. On the Sunday immediately preceding the sessions, church services will be held as follows: 5 p.m., Benediction and Sermon, Church of the Ascension, Westmount; 7.30 p.m., Evensong, Christ Church Cathedral; 7.30 p.m., Benediction and Sermon, Eglise Jésus.

The various sessions of the Association have been planned as follows:

Monday, January 30

At 2.30 p.m. a general business session will be held in both languages. An address will be made by the President, Miss M. L. Moag, and various official reports will be presented.

At 8.30 p.m. the French and English groups will hold separate sessions. The French group will be addressed by Dr. Jarry, Directeur, Institut Bruchési, who will speak on the provincial campaign against tuberculosis and the collaboration of all nurses. Mr. Roy, chairman of the Montreal Hospital Council and manager of the Hôpital Saint-Luc, will speak on the relationship between the nurse and hospital.

At the English meeting, Dr. Hugh Burke of the Royal Edward Institute, will speak on "The control and prevention of tuberculosis", and Dr. Frank Pedley on "The opportunities and responsibilities of the nurse in industry and her part in the prevention of tuberculosis". Both these addresses will be illustrated with lantern slides.

Tuesday, January 31

At 9.30 a.m. a session will be held at the Hôtel-Dieu. A report of the Biennial Meeting of the Canadian Nurses Association will be given by Rév. Soeur Allard, superintendent of the Hôtel-Dieu. Dr. Bonnier, chief of the endoscopy service at Hôpital Ste. Justine, will speak on "Endoscopy".

At 2.30 p.m. the French and English groups will again assemble separately and the French session will be addressed by the Honourable Athanase David on "Au Service de la Bonté". Mademoiselle Anunciade Martineau will present her report as co-convener of the *Canadian Nurse* Committee of the A.R.N.P.Q. and the editor, Miss E. Johns, will speak briefly.

The English session will take the form of a nursing symposium on tuberculosis. The speakers will be as follows: Miss Ethel B. Cooke, of the Child Welfare Association; Miss Kathleen Dickson, of the Royal Edward Institute; Miss Esther Robertson of the Victorian Order of Nurses; Miss Esther Lewis, Public Health Instructor of

the Montreal General Hospital; and a representative from the Laurentian Sanatorium staff. The chairman will be Miss Agnes Tennant, head nurse in the Montreal General Hospital.

Miss Katharine MacLennan, convener of *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec, will present her report and the editor, Miss E. Johns, will speak briefly.

At 8.30 p.m. separate sessions will again be held. Miss Ruth Robertson, director of the French Family Welfare Association, will speak on "Social service in practice" to the French group. At the English session, violin solos will be given by Miss Pauline Hicks, a student nurse in the School of Nursing of the Royal Victoria, and films dealing with various aspects of nursing will be shown. At the close of the evening session a buffet supper is being planned for which a charge of fifty cents will be made.

At the time of going to press some details were still subject to change but the programme outlined above indicates its general trend.

PARACHUTES FOR NURSES

From the November issue of the Bulletin of the League of Red Cross Societies we quote this interesting news item:

The Polish Red Cross recently organized, in collaboration with the National League for Air Defence, its first course in parachute jumping for nurses. The assistant directress of the Red Cross school of nursing is Warsaw and eight of the pupils enrolled for the course, which was directed by an expert instructor. The young nurses performed a series of jumps, first from the top of a specially constructed tower, then from a balloon about 2,200 feet up, and finally from an aeroplane flying at an altitude of 2,500 feet.

A short while ago, the Polish Red Cross presented the Army with seven ambulance planes. The machines were formally handed over by the President of the Red Cross in the course of a ceremony attended by high civil and military officials. The occasion was marked by a demonstration of parachute-jumping by the nine Red Cross nurses mentioned above who, leaping from an aeroplane in groups of three, landed without difficulty on the aerodrome. The nurses have been recommended for the Red Cross medal.

Two of the Polish Red Cross parachute-jumpers accompanied the Society's ambulance planes to the air ambulance meeting in Luxemburg and took part in the demonstrations organized at Esch.

A MEMORIAL WINDOW

The Cathedral of St. Peter and St. Paul, now under construction in Washington, is to have a beautiful stained glass window dedicated to the memory of Florence Nightingale and to the "glorification of nursing". The window will be placed in the north transept and its various medallions will have as their subjects "Childhood", "Education", "Hospitals", "The Crimea", "St. Thomas's", "London", and "Notes on Nursing". All of these symbolize various phases of Miss Nightingale's career. At the tops of the lancets are figures holding symbols of Faith, Science, Charity and Hope.

STUDENT NURSES PAGE

DO YOU KNOW THE ANSWERS?

Just lately there has been encouraging evidence that student nurses (and their instructors) are beginning to use the Journal as a useful reference in their classes. Look for a moment at this list of questions. Could you reply to them, correctly, offhand? Not all of them, perhaps. Yet the up and coming young nurse in 1939 *ought to know the answers. And where may she look for them? Turn over the pages of the thirty-fourth volume of The Canadian Nurse and you will find every one of them. Yes, there is an index and, by way of a clue, we will tell you that it is in the December,* 1938, *number.*

What new methods are being used in the treatment of schizophrenia?

If you had to visit a home in which you knew there was poverty and unemployment, how would you go about it?

Is leprosy unknown in Canada?

Could you plan meals for a family of five on $5.87 a week?

Who are the three nurses who were awarded the Snively Medal in 1938?

What Canadian physician made a remarkable address on the future of nursing? What changes does he foresee?

How would you care for a patient in an oxygen tent?

How can nurses help patients who have been crippled by poliomyelitis to take their place in the community once more?

What outstanding Canadian nurse celebrated her Silver Anniversary this year?

What is the Florence Nightingale International Foundation? What have Canadian nurses done to support it?

Who is the President of the Canadian Nurses Association? What messages has she sent to its members since she took office?

What special nursing care is necessary in a case of caesarean section?

How would you take care of a patient in a Drinker respirator?

What are the objectives of a community nursing bureau?

How may nurses be protected from tuberculosis? How may they help to protect themselves?

What new developments have there

been recently in nursing education in Saskatchewan?

What are the obligations of Canadian nurses to their country in time of war?

What outstanding honours were conferred by universities upon Canadian nurses in 1938?

What new kinds of examination tests are now coming into use? Do you like them?

What happened on McNab's Island, in Halifax harbour, in 1866?

Where is the site of the oldest hospital in Canada?

What did you learn from "Billy and his Family"?

Do children with whooping cough really need nursing care?

How can nurses save enough money to be independent and comfortable in their old age?

What appeals to you most in the story of the life of Mary Agnes Snively?

What points are important in the keeping of records?

What great city in Canada has a Metropolitan Health Committee?

What have been the principal stages in the growth of the Canadian Nurses Association?

Who is the president of the International Council of Nurses? Upon what occasions did she visit Canada during 1938?

What can be done to cure scoliosis?

What bacteriological test, made by Canadian student nurses, proved of value to the nursing service of the Metropolitan Life Insurance Company in New York?

Are Canadian nurses among the women living "farthest north" in the British Empire?

What do you think about nurses who smoke?

What remarkable social experiment is being carried on at Antigonish, Nova Scotia?

What special care is required in the nursing of genito-urinary cases?

What service should a nurses registry provide to the public and to the nurse?

Who owns *The Canadian Nurse?* Where is it published? What use is it to student nurses? What article, published in 1938, appealed to you most and why?

What subjects would you like to have discussed in the Student Nurses Page?

Can you write a good letter? If so, take pen in hand and tell us.

HIGHLIGHTS OF THE A.P.H.A. MEETING

EDNA L. MOORE
Chief Public Health Nurse, Ontario Department of Health

The sixty-seventh Annual Meeting of the American Public Health Association was held recently in Kansas City, Missouri. Being near the geographic centre of the United States and having an almost perfectly appointed Municipal Auditorium the convention city proved a very acceptable meeting place as reflected in the large attendance. The temperature ranged from 40 degrees at 7 A.M. to 70 degrees at mid-day and fair weather prevailed during the convention period.

Advance meetings were held during the week-end preceding the convention by the following allied groups: The International Society of Medical Health Officers, The American School Health Association, The American Social Hygiene Association, The Association of Women in Public Health, and the National Organization for Public Health Nursing.

The convention programme provided for two general sessions of which one was a banquet, one public meeting, fourteen joint sessions of two or three sections and thirty-five section sessions as well as numerous breakfasts, luncheon and dinner meetings of special groups.

In the opinion of the reporter the large number of joint meetings was a desirable feature. Two (and in one instance three) groups met to consider the approach of each to a particular phase of health work thus drawing the workers into closer relationship while multiplying the possibilities for co-ordinated programmes to the advancement of community service and the enhancement of the return on the taxpayer's dollar. The Public Health Nursing Section met in joint sessions with The American School Health Association, the Health Officers Section, the Child Hygiene Section and the Industrial Hygiene Section. It will be noted that four of the fourteen joint sessions included the Public Health Nursing group. There were two meetings of the Section at which the development of public health nursing was reviewed.

The relationship between official and non-official agencies and the inter-relationships affecting University Courses of Study and State Nursing Services were carefully considered. Interesting papers were presented at the joint session of the Child Hygiene and the Food and Nutrition sections. Among them were "The training of the public health nutritionist", by Lydia J. Roberts, Ph.D., "A comparison of indices used in judging nutritional status of school children" and a description of a County Public Health Nutrition project in Georgia. All these proved to be of special interest to public health nurses. The training of personnel was discussed in other sessions in relation to the health officer, the public health nurse, the engineer and the dentist in the public health field.

The joint meeting of the Health Officers and Public Health Nursing Sections was an outstanding session. In his presentation, entitled "Administrative procedures that interfere with effective public health nursing", Mayhew Derryberry, Ph.D. vividly described numerous weak links in the chain of co-operation that tend to nullify the efforts and enervate the zeal of the public health nurse. "Is the Health Officer fulfilling his responsibility in relation to the nurs-

ing programme?" was the topic ably dealt with by Miss Grace Ross. A critical view of nurses and Nursing Programmes was discussed by Dr. Felix Underwood.

Throughout the convention frequent reference was made to the recently projected National Health Programme and it was the subject of the address given at the opening session by Dr. Thomas Parran, Surgeon General of the United States Public Health Service. It was evident that the leaders in health work are wholeheartedly supporting this broadly-conceived plan for the co-ordination and extension of health services to include every section of the country. Doubtless the influence of this splendid effort will be felt in Canada.

Over two hundred public health nurses attended the convention, and among the Canadians were Miss Elizabeth L. Smellie, Miss Elizabeth Russell, Mrs. Agnes Haygarth, and the writer.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Maude Weaver resigned from the staff of the Oshawa Board of Health in November and was succeeded by Miss Geraldine Conley. Both nurses are graduates of the Public Health Nursing course, University of Toronto.

Miss Sarah Wallace, formerly public health nurse in Haileybury, has joined the staff of the Division of Nursing, Hamilton Department of Health.

Miss Marjorie A. Rutherford has returned to the staff of the Eastern Ontario Health Unit (Ontario Department of Health) after leave of absence for a year spent with the Ontario Society of Crippled Children, in the post-polio programme. Miss Jean Aikenhead, who relieved during Miss Rutherford's absence, has accepted the position of public health nurse at Haileybury. Miss Wallace, Miss Rutherford and Miss Aikenhead are graduates of the Public Health Nursing course, University of Western Ontario.

Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health, recently visited North Bay, New Liskeard, Haileybury, Cobalt, Kirkland Lake, Timmins and Sudbury when conferences were held with the public health nurses in the various centres.

OBITUARIES

ANNIE DANIELS died suddenly on November 20, 1938, at the Nanaimo General Hospital. Miss Daniels was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, B. C., and a member of the Class of 1938.

KATHLEEN M. JAMIESON died on November 17, 1938, after a long illness. Miss Jamieson was a graduate of the School of Nursing of the King's Daughters' Hospital, Duncan, B. C.

BERNICE REID, a graduate of the School of Nursing of the Moncton General Hospital and a member of the Class of 1931, died on December 2, 1938. Miss Reid, who was a most capable private duty nurse, found time for many church and social interests. Her untimely death, at the early age of 29, is greatly regretted by her professional colleagues and other friends.

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VICTORIAN ORDER OF NURSES

Miss J. McKinlay resigned from our Sackville Branch and has accepted a position with the Nova Scotia Department of Health. Miss Joyce MacDonald, a graduate of the Royal Victoria Hospital, Montreal, and of the course in Public Health Nursing, McGill University, is replacing Miss McKinlay as nurse-in-charge of Sackville.

Miss Eva LeBlanc, who recently completed the two months' supervised experience on our Montreal staff, and Miss Therese Terrien, a graduate of the Ottawa General Hospital, have been appointed to the Lachine staff. These appointments are on a temporary basis.

Miss Presentine Perrin, a graduate of St. Joseph's Hospital, Lachine, and of the course in Public Health Nursing, University of Montreal, has been appointed to the Ottawa staff.

Miss Della Thompson, a graduate of the Hamilton General Hospital and of the course in Public Health Nursing, University of Toronto, has been appointed to the East York staff.

Miss Martina MacDonald, a graduate of St. Martha's Hospital, Antigonish, and of the course in Public Health Nursing, McGill University, has been appointed to our Dartmouth staff.

Miss Mary Younge, a graduate of Royal Victoria Hospital, Montreal, and of the course in Public Health Nursing, University of Western Ontario, and Miss Mona Kissack, a graduate of Toronto Western Hospital and of the course in Public Health Nursing, University of Toronto, have been appointed to the London staff.

Miss Thelma Steeves, who recently completed two months' supervised experience in Montreal, has been appointed to the Halifax staff.

Miss M. Cummings, Miss C. Livingstone and Mrs. Ashley have been appointed to the Montreal staff of the Victorian Order.

Miss Mariette Bouchard is on leave of absence from the Sherbrooke staff for four months.

. . . OFF . . . DUTY . . .

Although our interest in dress . . . is not quite as keen as it used to be . . . we did enjoy "Fashion is Spinach" . . . a lively book . . . written by Elizabeth Hawes . . . the famous designer of dresses for women . . . The lady asserts . . . in no uncertain terms . . . that the wily gentlemen . . . who direct mass production . . . make all the profit . . . that the traffic will bear . . . by pandering to the vanity of women . . . who don't know the difference . . . between fashion and style . . . We weren't very clear ourselves . . . about this subtle distinction . . . until Elizabeth Hawes explained . . . that fashion is the whip . . . which keeps us all in line . . . like a lot of sheep . . . and turns us in a new direction . . . every six months . . . because mass production needs the money . . . This may mean . . . that your winter hat . . . will resemble a casserole . . . containing a dismembered squirrel . . . but no matter how you feel about it . . . mass production says that Greta Garbo is wearing it this season . . . so you grit your teeth . . . and get on with it . . . Anyway the agony will soon be over . . . When the robins nest again . . . mass production will tell you . . . to give the squirrel decent burial . . . and will offer you something new in exchange . . . perhaps a bird's nest trimmed with seaweed and a soft shelled crab . . . On the other hand . . . says Elizabeth Hawes . . . style is not concerned . . . with these fleeting absurdities . . . Style changes much more slowly . . . and reflects the period . . . in which we live . . and to which we belong . . . True style should be functional . . . which means that your dress . . . is suited to your work . . . Even a nurse's uniform has style . . . all except her cap . . . which has degenerated . . . into a vestigial remnant . . . like the veriform appendix. . . Style means that your dress has good lines . . . and is well sewn . . . It may cost five hundred dollars . . . or only five . . . if you happen to have brains . . . and an eye for colour . . . and can sew a straight seam . . . Style never gets shabby or stale . . . because it has nothing to do with age . . . and a woman of seventy . . . may have more style . . . than a girl of seventeen . . . We have no reason to suppose . . . that Elizabeth Hawes . . . found her conception of style . . . in the pages of the Book of Common Prayer . . . but it is there for all that . . . Style is the outward and visible sign . . . of an inward and spiritual grace. . . .

E.J.

NEWS NOTES

ALBERTA

CALGARY:

The conjoint convention of the Alberta Hospital Association and the Alberta Municipal Hospital Association was held in Calgary. Interesting visitors who attended the sessions were Dr. Harvey Agnew of Toronto, Miss Kate Brighty, president of the Alberta Association of Registered Nurses, and Miss Agnes MacLeod, director of the public health course in the University of Alberta.

Dr. Frederick Banting recently addressed the Calgary Medical Association on research in medicine now being carried on in Canada. An invitation was extended to all local nurses which was accepted with much appreciation.

The Calgary Graduate Nurses Association recently held an important meeting. Miss Florence Reid was again elected to the office of president. Proposed changes in the Alberta Registered Nurses' Act were discussed.

Calgary nurses welcome back to the city Miss Eleanor McPhedran who has returned to accept the position of secretary of the local branch of the Victorian Order of Nurses.

Miss Kathleen Connor, matron at the Central Alberta Sanatorium, has returned from a tour of observation. She visited sanatoria at Weston, Ontario, and also at Ninette, Manitoba. Miss Phyllis Boden left recently to take a field course with the Victorian Order of Nurses in Montreal. Miss Marion Lavell, public health nurse in charge of the well-baby clinic in Calgary, has been granted leave of absence and is spending some time in Victoria.

DRUMHELLER:

On the occasion of the visit of the provincial president, Miss Kate S. Brighty, the Drumheller section of the Alberta Registered Nurses Association held a dinner meeting, thirty-six nurses being present. Miss Alice Smith, president of the local branch, was in the chair. Miss Brighty delivered an interesting discourse on the problems confronted by registered nurses, and urged co-operation among districts of the province. Proposed changes in the constitution were also discussed. A toast to the King was proposed by Mrs. T. W. Bennett, and to the Alberta Association of Registered Nurses by Miss Gene Findlay. Miss Hazel Agg gave a delightful vocal solo accompanied by Miss Marion Aitcheson.

Miss Janet Gillespie, R.N. (Kootenay Lake General Hospital) has been appointed night supervisor at the Drumheller Municipal Hospital. Miss Ivy Dunlop, R.N. (Calgary General Hospital) has been appointed school nurse at St. Hilda's College for Girls, Calgary.

Married: Recently, Miss Muriel Graves (Calgary General Hospital, 1931) to Mr. Duncan Brown.

Married: Recently, Miss Marion King (Holy Cross Hospital, 1933) to Mr. Douglas Fiske.

Married: Recently, Miss Marie Mahoney (Holy Cross Hospital, 1936) to Mr. Wilfred Rosgen.

Married: Recently, Miss Mary Geissenger (Royal Alexandra Hospital) to Mr. Joseph Kary.

EDMONTON:

Royal Alexandra Hospital:

The Alumnae Association held an instructive and interesting meeting recently when four members of the nursing staff demonstrated some of the newer nursing procedures and treatments. Miss Ida Johnson spoke on blood transfusions and explained the methods in taking and giving of blood. Miss Laufey Einarson and Miss Marion Clark demonstrated the oxygen tent and duodenal drainage. Miss Isobel Green spoke on placental blood transfusions and the method of testing, taking, giving and storing. The married members of the Association, and also those who are engaged in fields of nursing in which there is not much opportunity to see the newer procedures, were very pleased with this practical demonstration.

The following members of the Association are taking post-graduate courses: Miss Christine Anderson, in public health nursing, at the University of Alberta; Miss Ella Howard, in teaching and supervision, at the McGill University, School of Nursing; Miss Genevieve Arthur, in pediatric nursing, at the Children's Memorial Hospital, Montreal; Miss Evelyn Gault, in medical nursing, at the New York Hospital; Miss Maxine Fuller, in surgical nursing, at the New York Hospital.

BRITISH COLUMBIA

VICTORIA:

A general meeting of the Registered Nurses Association of British Columbia was held at the Nurses' Residence, St. Joseph's Hospital, Victoria, on November 10. Miss Duffield, the president, was in the chair, and expressed the pleasure of the Association at the appointment of Miss Fairley as President of the Canadian Nurses Association.

A progress report on the Community Nursing Service Bureau was given by Miss Mabel F. Gray. Much discussion followed

and a motion that the Association authorize a maximum expenditure of $1500. per year for two years, to assist in the organization of a Nursing Service Bureau in Vancouver, was defeated.

Interesting reports were received from delegates to the Canadian Nurses Association Biennial Meeting. Miss M. Kerr reported on the national Public Health Section, referring at length to the address of Miss Esther Lewis. Miss Anne Cavers reported on the work of the Nursing Education Section, while Miss Helen Randal gave a report of the Private Duty Section, mentioning the progress of the eight-hour day, and supervision of private duty nurses.

Miss Kathleen Sanderson gave an interesting account of the recent educational tour of the Province, during which twelve towns in the interior of British Columbia were visited. This was felt to have been a very worthwhile experiment.

Mrs. L. Dugdale was elected convener of the nominations committee with Miss M. A. McLellan and Miss Mary Campbell as the other members of the committee.

VANCOUVER:

The annual dinner of the University of British Columbia Nurses Club was held recently at the Georgian Club. A short business meeting followed the dinner after which new officers for the coming year were introduced. Miss Margaret Kerr entertained with vocal solos, and the remainder of the evening was spent at cards.

KAMLOOPS:

Married: Recently, Miss Kathleen Patricia Dayton (Royal Inland Hospital, Kamloops, 1929) to Mr. John Mandale Hodgson.

Married: On November 18, 1938, Miss Evelyn Viola Johnston (Vancouver General Hospital) to Mr. Robert Spruston.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting at the Nurses Residence of the Mental Hospital. Thirty-five members were present. Dr. G. Stephens gave an address on neurosyphilis which proved very interesting. Miss C. McLeod thanked the speaker. A business meeting followed conducted by Miss Vance. The members decided to donate $15.00 to the Diet Kitchen at the Brandon General Hospital. Miss McLeod reported that the registry was very active. A social hour followed.

NEW BRUNSWICK

MONCTON:

The annual meeting of the Moncton Chapter of the New Brunswick Association of Registered Nurses, was held recently at the Moncton Hospital. A summary of reports showed a very active year. The election of officers resulted as follows: President, Miss Emma Honeywell; First Vice-President, Miss Florence Brean; Secretary, Miss Lilian Reid; reasurer, Miss Pelletier; Private Duty Convener, Miss Ella Sutherland; Representative to *The Canadian Nurse*, Miss Myrtle Kay. A hearty vote of thanks was extended to the past president, Miss Brean, who has been such an excellent president during the last three years. At the annual Remembrance Day Dance, Miss Pyke was the capable convener. A drawing took place for a cedar chest and contents. A large number of tickets were sold under the efficient convener, Miss Ethel Sanson. A goodly sum was realized. At the regular November meeting it was decided to devote part of each meeting to reading and discussing one of the addresses given at the Biennial Meeting of the Canadian Nurses Association, the first one to be "The Future of Nursing", by Dr. Atlee.

We are pleased to welcome to our local chapter Miss Hillyard, instructress of nurses at the Moncton Hospital. We regret the loss of one of our popular members, Miss Maisie Miller and wish her every success in her new position.

Married: On October 3, 1938, Miss Ida Scott to Mr. Eddie Welling.

MONCTON:

The Moncton Local Chapter of the N.B.A.R.N. held its December meeting with the president, Miss Emma Honeywell in the chair. Christmas cheer was voted for sick nurses, needy children, and the Red Cross.

Married: On November 26, 1938, Miss Phyllis M. A. Ager to Mr. Fraser Ross.

Married: Recently, Miss Eleanor Wood (M.T.S., 1933) to Mr. Jack Pettit.

Married: Recently, Miss Mildred Alward to Mr. Jack Lutes.

NOVA SCOTIA

HALIFAX:

The November meeting of the Halifax Branch of the R.N.A.N.S. was held at the Victoria General Hospital. Mrs. Freda Archard McQuade gave an interesting lecture and demonstration on the newer anaesthetics.

Miss Evelyn MacLaren has accepted a position on the staff of the Children's Hospital. She is a graduate of Yarmouth Hospital, and after graduation spent fourteen months in the Memorial Hospital, Inverness. After taking a post-graduate course at the Children's Memorial Hospital, Montreal, she became a member of the staff of the Montreal General Hospital, Western Division, resigning after a year's service to accept her present position.

KENTVILLE:

The fifth annual dinner and meeting of the Valley Branch of R.N.A.N.S. was held recently with an attendance of forty-eight members from Digby, Windsor and the B.F.M. Hospital, Kentville. The president, Miss Kathleen Harvey, gave a brief outline of the work done by the branch during the year, the interest shown and the steady increase of members. The guest speaker, Miss Frances McNally, Dean of Household Science, Acadia University, gave a very interesting paper on nutrition and its relation to health and disease. An informal sing-song followed led by Miss E. Dodge and Miss G. Lyons with Miss B. Rawding at the piano. Greetings were read from Mrs. Mack, President of the Provincial Association, who because of illness was unable to attend. The following officers were elected: President, Miss P. McDonald, Kentville; First vice-president, Miss L. Smith, Middleton; Second vice-president, Miss G. Anderson, Annapolis; Secretary-treasurer, Miss E. Dodge, Kentville; Assistant treasurer, Miss C. McQuarrie, Kentville; Councillors: Miss K. Harvey, Middleton; Miss P. McDonald, Kentville; Public Health, Miss D. Fowler, Kentville; Private Duty, Miss E. Melanson, Kentville; Nursing Education, Miss M. McLellan, Digby; Arrangements and Programme, Miss R. Wallace, Kentville; Miss B. Marsh, Wolfville; Miss D. Marshall, Kentville; Publication, Miss D. Wilkins, Middleton; Nominating, Miss E. Ingram, Wolfville; Miss A. Foster, Berwick; Miss E. Downie, Kentville; Red Cross Emergency, Miss C. Bent, Kentville; *The Canadian Nurse*, Miss I. Sweeney, Kentville.

SYDNEY:

The following nurses have recently joined the staff of the Department of Health for Nova Scotia and are located within the Cape Breton Island Health Unit: Miss Phyllis Lyttle, P.H.N.; Miss Margaret MacIntosh, P.H.N.; Miss Kaye MacNeil, P.H.N.; Miss Patricia Francis, P.H.N.; Miss Lettie Turner, P.H.N.; Miss Jean MacKinley, P.H.N.

ONTARIO

DISTRICT 1

SARNIA:

Sarnia General Hospital:

A meeting of the Alumnae Association of the School of Nursing of the Sarnia General Hospital was held recently with the following new officers in charge: Honourary president, Miss M. L. Jacobs; President, Miss D. Shaw; Vice-President, Mrs. D. Rose; Secretary, Miss L. Barwise; Treasurer, Miss A. Rogers; *Conveners of Com-*

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mittees, Social, Mrs. J. Winder, *Alumnae Room,* Mrs. R. Miles; *Flowers,* Miss Myrtle Thompson; *Programme,* Mrs. S. Elrick; *Study Club,* Miss J. Ross; *Press,* Miss J. MacKinlay; *The Canadian Nurse,* Mrs. S. Elrick. A pot-luck supper was much enjoyed and an interesting programme followed. It was decided to request a physician to address the members at the regular meetings. A study club will also be organized, the meetings to be held in the homes of the various members. Miss Jean Ross was appointed convener.

Married: Recently, Miss Mildred Wood (S.G.H., 1926) to Mr. Edward Archer.

Married: Recently, Miss Donna Morrison (S.G.H., 1930) to Mr. Alex MacBean.

Married: Recently, Miss Katharine MacKinlay (S.G.H., 1932) to Mr. John Winder.

Married: Recently, Miss Isabell Ellwood (S.G.H., 1934) to Mr. Lyle Haney.

Married: Recently, Miss Stella Watson (S.G.H., 1937) to Mr. Zanus Watson.

Married: Recently, Miss Pauline Ashton (S.G.H., 1934) to Mr. Geff Grindrod.

Married: Recently, Miss Viola Malcolm (S.G.H., 1938) to Mr. James Hodges.

Married: Recently, Miss Margaret Symington (S.G.H., 1935) to Mr. Grant Cates.

Married: Recently, Miss Evelyn Warwick (S.G.H., 1936) to Mr. Ross Clements.

Districts 2 and 3

Brantford:

The Alumnae Association of the Brantford General Hospital recently held a successful Charity Ball, the proceeds to be donated for the new building plan of the Brantford General Hospital.

Miss Janet Scott (B.G.H., 1935) and Miss Gladys Hamilton (B.G.H., 1938) are enrolled in the hospital staff nurses' course, at the School of Nursing, University of Toronto.

The Brantford General Hospital has, as two members of its graduate nurse staff, Miss Gwen Detchon, (Toronto General Hospital) and Miss Margaret Lovick, (St. Michael's Hospital, Toronto). Both are graduates of the Hospital Staff Nurses' Course, School of Nursing, University of Toronto, 1937-1938.

Married: Recently, Miss Elarene Patterson (B.G.H., 1934) to Mr. Carl Rodman.

Married: Recently, Miss Dorothy Smith (B.G.H., 1937) to Dr. Leslie G. Bannister.

Married: Recently, Miss Mildred Burtch (B.G.H., 1931) to Mr. Hugh McLachlan.

Married: Recently, Miss Ruth Harris (B.G.H., 1937) to Dr. Lionel Elkerton.

Married: Recently, Miss Jean Rainey (B.G.H., 1937) to Mr. Andrew Grierson.

District 5

TORONTO:

The lovely solarium of the Toronto Western Hospital was recently a most happy and friendly meeting place of about two hundred members of District 5, Registered Nurses Association of Ontario. Miss Irene Weirs, district chairman, presided.

A short business session was held at five o'clock, after which as a preliminary to the evening lecture, opportunity was given for examining equipment that had been set up, and was explained by members of the hospital staff showing the essential factors in its use for the care of diabetic patients. *The Canadian Nurse* exhibit was also presented with, it seemed, quite promising results.

Following a delicious supper, the meeting was again called to order and the business session continued. Most interesting among its content was Miss Weir's report of the recent board meeting of the R.N.A.O., the announcement of the opening of new headquarters for the provincial association and finally, that the next annual meeting of the provincial association will be held in Toronto.

Dr. Angus McKay, as guest speaker, gave an exceedingly helpful talk on diabetes, which, judging from the attention of the large audience, was truly appreciated. A vote of thanks, moved by Miss Gladys Sharp, was carried unanimously. The meeting was a very successful one indeed, and reflected most creditably upon the effort of an able committee.

District 7

KINGSTON:

The graduating exercises of the Ontario Hospital School of Nursing were held recently, with a large attendance. The superintendent, Dr. E. A. Clark acted as chairman. The invocation was given by Rev. Dr. J. D. Ellis, following which the "Florence Nightingale Pledge" was repeated by the graduating class, led by Miss Marion Crawford, superintendent of nurses. Presentation of diplomas and pins was made by Mrs. A. E. Clarke, assisted by Miss Kathleen Black.

Dr. W. T. Connell, professor of medicine in Queen's University gave a most inspiring address to the graduating class. The various prizes were then presented to members of the Graduating Class and of the intermediate and junior classes. A reception followed the exercises. In the evening a delightful dance was enjoyed by the graduates and members of the hospital staff.

The Alumnae Association of the Hôtel Dieu are making plans for their annual bridge and dance to be held in January.

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District 8

Ottawa:

There was an attendance of ninety-three nurses at the Refresher Course in maternal hygiene held under the auspices of the Public Health Section of the Registered Nurses Association of Ontario, District 8. In the morning a symposium on district nursing was conducted by the Victorian Order of Nurses, Ottawa, and included a demonstration of a pre-natal visit and preparation of home care. Maternal follow-up work was shown by Miss Frances Lyons, supervisor of nurses, City Health Department, and the summary was given by Miss Mary Mathewson, of McGill University school of Nursing. In the afternoon, Dr. R. E. D. Cargill dealt with obstetrics and Dr. George Fenton spoke on treatment in venereal disease. The evening meeting consisted of talks by Miss Mildred Goodeve of Montreal on teaching in the district, budgeting and low cost diets. An address on records was given by Miss Mary Ferguson of the Victorian Order of Nurses.

The nurses of District 8 are sponsoring a Health Institute to be held in Cornwall on January 25, 26 and 27. All associations interested in health problems are being asked to participate and arrangements have been made to hold afternoon and evening sessions with speakers, demonstrations, films and exhibits.

District 8

Ottawa:

Ottawa Civic Hospital:

Dr. J. A. Urquhart, medical officer of health for the MacKenzie River Delta, addressed the Alumnae Association of the Ottawa Civic Hospital School of Nursing at a recent meeting. His vivid and fascinating description of the medical services in the Arctic, which was illustrated with moving pictures, was enthusiastically received by a large audience. Dr. Urquhart has, for the past ten years, given the most northerly medical service in the British Empire.

Miss Lois Morgan (O.C.H., 1937) is taking a course at the University of Toronto in preparatoin for a missionary post at Aklavik, N.W.T.

Miss Rita Lazarovitz (O.C.H., 1937) has been appointed assistant night supervisor of the Jewish General Hospital, Montreal.

Miss Marion Lowry (O.C.H., 1937) has been appointed staff nurse in the Bank of Canada, Ottawa.

Miss Jean MacFarlane (O.C.H., 1937) is taking a public health course at the University of Toronto.

Miss Marjorie Kemp (O.C.H., 1929) has been appointed investigator on the Juvenile Court Staff.

Married: On November 19, 1938, Miss Helen Tweedie (O.C.H., 1933) to Dr. R. Randolph Barnes.

District 9

North Bay:

The regular meeting of the North Bay Chapter of District 9, R.N.A.O., was held recently at the Civic Hospital when Miss Edna Moore, Chief Public Health Nurse, Department of Health of the Province of Ontario, addressed the meeting. She spoke on the distribution of nursing services and also on the approved plan for the formation of Nursing Bureaux throughout Canada. A social hour followed.

Miss Moore also held regional conferences with the public health nurses at the following points: North Bay, Temiskaming, Timmins, Kirkland Lake, and Sudbury. While in these centres Miss Moore kindly consented to speak to the Local Chapters. These were interesting talks, and keen appreciation was shown. The regional conferences were open to all nurses doing public health work and included the Victorian Order and nurses working in the tuberculosis field. These meetings were very valuable and helpful and many problems were straightened out. We all appreciate so much this contact from the "outside". Miss Hilda Pennock, field supervisor for the Provincial Department of Health, is also in the field making her annual tour of inspection.

The nurses of North Bay recently entertained Mrs. J. Lee, formerly Miss Jean Laing, at a crystal shower. Miss D. Charrett, the hostess, received the guest of honour and escorted her to the living room where the presentation was made. During the evening an attractive Bride's Scrapbook was made by the guests and presented to her.

The members of the North Bay Chapter recently held a very successful tea at the Civic Hospital. This took the form of a gipsy fair and the gay costumes of the nurses added much colour to the scene. Miss Laing and Miss Ruth Taylor received the guests who were served by Misses K. McKenzie, M. Cloutier, E. Shannon, and D. Charrett. The climax of the afternoon was a drawing of the lucky ticket for the door prize.

Married: Recently, Miss Jean Laing (Ottawa Civic Hospital) to Mr. Joseph Lee.

QUEBEC

Montreal:

Royal Victoria Hospital:

A recent meeting of the Alumnae Association took the form of a reception arranged in honour of Miss Fanny Munroe who was recently appointed superintendent of nurses. Many of the graduates of the School took advantage of this opportunity of welcoming her to her new position.

In November, a large number of members attended an address by Dr. W. G. Turner who spoke on fracture dislocation of cervical vertebrae and treatment of skeletal traction and fusion.

Miss Lois MacLaggan (R.V.H., 1935) who has been in charge of the Women's Surgical ward, has resigned and Miss Annie Young (R.V.H., 1935) replaces her.

Married: Recently, Miss Olive Clemons (R.V.H., 1935) to Mr. E. W. Evans.

Married: Recently, Miss Maude McGregor (R.V.H., 1930) to Mr. Neil Lawrence.

Married: Recently, Miss Norma Jamieson (R.V.H., 1930) to Mr. H. T. S. Yeats.

Married: Recently, Miss Frances Hamilton (R.V.H., 1933) to Mr. Alan Kay.

Married: Recently, Miss Alexes L. Fraser (R.V.H., 1931) to Mr. E. O. Gordonsmith.

Married: Recently, Miss Maxine Graham (R.V.H., 1933) to Mr. Carmichael.

Married: Recently, Miss Grace Fowler (R.V.H., 1932) to Mr. Robert Cochrane.

Montreal General Hospital:

Married: On November 19, 1938, Miss Helen Audrey Scott (M.G.H., 1938) to Dr. Clair Johnston Locke.

Married: On December 3, 1938, Miss Christina I. Hamilton (M.G.H., 1935) to Mr. Hugh MacKenzie Dow.

Married: On December 3, 1938, Miss Phyllis M. Fee (M.G.H., 1938) to Mr. Joseph B. St. John.

Married: On October 6, 1938, Miss Katherine M. MacLeod (M.G.H., 1933) to Mr. F. M. MacKenzie.

St. Mary's Hospital:

Married: On September 14, 1938, Miss Eleanor Regan (S.M.H.) to Mr. John Matchett.

Women's General Hospital:

Married: Recently, Miss Ethel Mae Perrin (W.G.H., 1934) to Mr. Kenneth W. Jackson.

School of Nursing, McGill University:

A general meeting was held on December 5 when the speaker was Christopher Ellis, the well-known radio commentator and book reviewer, who had for his topic "Books and Book Men". Questions and discussion followed. A business meeting was then held with Miss Herman presiding. Approximately fifty members were present.

Miss Adelaide Haggart (Teaching and Supervision, 1938) has been recently appointed to do pioneer public health nursing at Malbay, Gaspé County, under the auspices of the Church of England.

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Miss Clara Preston (Teaching and Supervision, 1927) is home on furlough from North Honan, China, and is taking a refresher course at London, Ontario.

Miss Phyllis Brown (Teaching and Supervision, 1938) has been recently appointed instructor in the Lamont Public Hospital, Lamont, Alberta.

Miss Phyllis Lyttle (Public Health, 1938) and Miss Jean McKimlay (Public Health, 1934) have been appointed to the Public Health unit, Cape Breton, bringing the number of McGill public health nursing graduates in this unit up to five.

Miss Dora Parry, (Administration, 1931) has been appointed superintendent of the Children's Memorial Hospital, Montreal.

Misses Elsie Dakai, Roberta Heatlie, Lillian Levine and Frances Pearl (Public Health, 1938) have recently been appointed to the staff of the Victorian Order of Nurses, Montreal.

QUEBEC

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss Pearl Astle (J.H.H., 1938) has joined the staff of the Protestant Hospital, Verdun. Miss Marie Belyea (J.H.H., 1938) has joined the staff of the General Hospital, Lachine. Miss Dart (R.V.H., Montreal) was recently the guest of Miss N. Mackenzie, Lady Superintendent of Jeffery Hale's Hospital, at the tea hour.

The following officers of the Alumnae Association of Jeffery Hale's Hospital were elected for the coming year: Honourary president, Mrs. S. Barrow; President, Mrs. A. W. G. Macalister; First vice-president, Miss R. Christie; Recording secretary, Miss B. Lord; Corresponding secretary, Miss M. Fischer; Treasurer, Mrs. W. Fleming; *Councillors*: Misses Imrie, Bethune, Savard, Ingraham, MacKay; *Sick Visiting Committee*: Mrs. Buttimore, Mrs. Barrow, Miss MacPhee; *Refreshment Committee*: Misses Burgess, Black, Chase, MacLean; *Representative to Private Duty Section*: Misses E. Walsh, B. Adams; *Representative to The Canadian Nurse*, Miss G. H. Weary.

Married: Recently, Miss Margaret Green (J.H.H., 1935) to Dr. R. H. Levie.

SASKATCHEWAN

MOOSE JAW:

The Saskatchewan Hospital Association recently held a two-day convention at Moose Jaw and a feature of the occasion was the increased interest shown nursing activities. Miss K. W. Ellis, Adviser to Schools for Nurses in the Province, gave a paper on university courses for nurses interpreting the calendar and curriculum for the course of the School of Nursing at the University of Saskatchewan. Questions were asked from the floor by the Directors and Executive of Hospitals as regards the division of the students time between University and Hospital, also the standard requirements of hospitals before they could be approved for the clinical professional training of the university student. These and many other questions were clearly answered. Miss M. Diederichs of the Grey Nuns Hospital, Regina, in a concise and comprehensive paper gave the highlights of the Biennial Meeting of the Canadian Nurses Association. Miss A Cleaver, superintendent of Yorkton Queen Victoria Hospital, spoke on the eight-hour day for nurses mentioning the progress made towards shorter working hours for nurses. It was gratifying to find that in the majority of the provinces there are hospitals which have established the eight-hour day and the forty-eight hour week or, in some instances, the ninety-six hour fortnight.

YORKTON:

The following nurses now hold office in the Alumnae Association of the School of Nursing of the Yorkton Queen Victoria Hospital: Honourary president, Miss A. Cleaver; president, Miss V. Widdicombe; vice-president, Mrs. W. Sharpe; secretary, Mrs. O. Lightbody; treasurer, Mrs. M. Kisby; *Councillors*: Mrs. R. Cowan, Miss L. McLennan, Miss S. Anderson; *social convener*, Miss L. McLennan; representative to *The Canadian Nurse*, Miss S. Anderson.

OVERSEAS NURSING SISTERS ASSOCIATION

The Calgary Unit of the O.N.S.A. held their annual tea on Armistice Day with a large attendance. The Calgary members of the Dominion executive of the O.N.S.A. for 1939 and 1940 were installed by the convener of the nominating committee, Mrs. Wilfred Paterson. The new executive includes: Mrs. H. C. Ironside, president of the O.N.S.A. of Canada; Mrs. Train Gray, secretary-treasurer; Miss N. Gunn and Miss M. Lamplough, representatives. The honourary presidents are: Miss M. MacDonald, R.R.C., L.L.D., matron-in-chief; Miss E. Rayside, R.R.C., C.B.E., M.A., ex-matron-in-chief, Canada; Mrs. Stuart Ramsey; first vice-president, Miss L. Hubley, R.R.C., Halifax; second vice-president, Miss B. Anderson, Ottawa.

Official Directory

International Council of Nurses

Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

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Officers

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Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

British Columbia: (1) Miss M. Duffield, 1655 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital; (3) Miss M. Henderson, 4243 12th Ave., W., Vancouver; (4) Miss K. Ethel Gray, 902 McClure St., Victoria.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Hazel Harrison, 307 Tower Rd., Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 3128 College Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss A. J. Macleod, University of Alberta, Edmonton. Public Health: Miss M. E. Kerr, Eburne, B.C. Private Duty; Miss M. Teulon, 4237 Granville Street, Vancouver

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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CHAIRMAN: Miss A. J. Macleod, University of Alberta, Edmonton, First Vice-Chairman: Miss E. Amas, City Hospital, Saskatoon. Second Vice-Chairman: Miss M. Batson, The Montreal General Hospital, Montreal. Secretary-Treasurer, Miss M. S. Fraser, Royal Alexandra Hospital, Edmonton.

COUNCILLORS: **Alberta:** Miss J. Davidson, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Sister Camillus of Lellis, Halifax Infirmary, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

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COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss K. Ethel Gray, 902 McClure St., Victoria. **Manitoba:** Miss T. Greville, 797 Broadway, Winnipeg. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss Hazel Harrison, 307 Tower Rd., Halifax. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Mrs. Lois MacDonald, 45 Upper Prince St., Charlottetown. **Quebec:** Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal. **Saskatchewan:** Miss Helen Jolly, 3128 College Ave., Regina.

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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